

SERFF Tracking Number:	SEPX-125668601	State:	Arkansas
First Filing Company:	Sentry Insurance a Mutual Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	WC AR08255CGR01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WORKERS COMPENSATION		
Project Name/Number:	2008 Workers Comp/WC AR08255CGR01		

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company, Sentry Select Insurance Company
Product Name: WORKERS COMPENSATION SERFF Tr Num: SEPX-125668601 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR08255CGR01 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI SentryInsurancePC Disposition Date: 05/28/2008
Date Submitted: 05/28/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: 2008 Workers Comp	Status of Filing in Domicile:
Project Number: WC AR08255CGR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/28/2008	
State Status Changed: 05/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
THE PURPOSE OF THIS FILING IS AS FOLLOWS:	

FOR SENTRY INSURANCE A MUTUAL COMPANY AND MIDDLESEX INSURANCE COMPANY. WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02), ADD A CLASS DEVIATION, AND MAINTAIN OUR CURRENT LCM OF 1.252.

THE RATE LEVEL IMPACT FOR THESE CHANGES IS -4.7%.

<i>SERFF Tracking Number:</i>	<i>SEPX-125668601</i>	<i>State:</i>	<i>Arkansas</i>
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FOR SENTRY SELECT INSURANCE COMPANY. WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02) AND REVISE OUR LCM FROM 1.207 TO 1.347.
THE RATE LEVEL IMPACT FOR THIS IS -10.2%.

Company and Contact

Filing Contact Information

Dennis Homann, Compliance/Development Sr. Dennis.Homann@sentry.com
Analyst

1800 North Point Drive (715) 346-8166 [Phone]
Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Sentry Select Insurance Company	CoCode: 21180	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 36-2674180	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00

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<i>Project Name/Number:</i>	<i>2008 Workers Comp/WC AR08255CGR01</i>		
Retaliatory?	No		
Fee Explanation:			
Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Insurance a Mutual Company	\$100.00	05/28/2008	20537855

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Sentry Insurance a Mutual Company	-4.700%	\$-47,009	56	\$1,000,199	9.100%	-31.300%	-6.900%
Middlesex Insurance Company	-15.200%	\$-18	0	\$119	0.000%	-15.200%	-6.900%
Sentry Select Insurance Company	-10.200%	\$-28,667	38	\$281,045	22.600%	-18.600%	-10.200%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$-75,694

<i>SERFF Tracking Number:</i>	<i>SEPX-125668601</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>WORKERS COMPENSATION</i>		
<i>Project Name/Number:</i>	<i>2008 Workers Comp/WC AR08255CGR01</i>		

Effect of Rate Filing - Number of Policyholders Affected

94

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	AR WC SBP FILING MEMORANDUM, AR WC SSDO FILING MEMORANDUM	Approved	Yes
Rate	AR WC SBP S1,S2,S3	Approved	Yes
Rate	AR WC SBP S4,S5,S6,S7,RR1,RR2	Approved	Yes
Rate	AR WC SSDO S1,S2,S3	Approved	Yes
Rate	AR WC SSDO S4,S5,S6,S7,RR1,RR2	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	
Overall Percentage of Last Rate Revision:	
Effective Date of Last Rate Revision:	07/01/2007
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Sentry Insurance a Mutual Company	-6.900%	-4.700%	\$-47,009	56	\$1,000,199	9.100%	-31.300%
Middlesex Insurance Company	-6.900%	-15.200%	\$-18	0	\$119	0.000%	-15.200%
Sentry Select Insurance Company	-10.200%	-10.200%	\$-28,667	38	\$281,045	22.600%	-18.600%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

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<i>Product Name:</i>	<i>WORKERS COMPENSATION</i>		
<i>Project Name/Number:</i>	<i>2008 Workers Comp/WC AR08255CGR01</i>		

Overall Percentage Rate Impact For This Filing:

Effect of Rate Filing - Written Premium Change For This Program:	\$-75,694
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Effect of Rate Filing - Number of Policyholders Affected:	94
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	AR WC SBP S1,S2,S3	AR WC SBP S1,S2,S3	Replacement	AR WC SBP S1,S2,S3.PDF
Approved	AR WC SBP S4,S5,S6,S7,RR1,RR2	AR WC SBP S4,S5,S6,S7,RR1,RR2	Replacement	AR WC SBP S4,S5,S6,S7,RR1,RR2.PDF
Approved	AR WC SSDO S1,S2,S3	AR WC SSDO S1,S2,S3	Replacement	AR WC SSDO S1,S2,S3.PDF
Approved	AR WC SSDO S4,S5,S6,S7,RR1,RR2	AR WC SSDO S4,S5,S6,S7,RR1,RR2	Replacement	AR WC SSDO S4,S5,S6,S7,RR1,RR2.PDF

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective 07-01-2008

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ORIGINAL PRINTING

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.86	950	2065	1.21	436	2841	2.82	750	3400	2.05	600	4263	1.67	526
0008	1.98	586	2070	4.13	950	2881	1.90	571	3507	2.34	656	4273	1.45	483
0016	4.26	950	2081	2.92	769	2883	3.09	803	3515	1.65	522	4279	1.36	465
0034	3.27	838	2089	1.92	574	2913	3.09	803	3548	1.03	401	4282	1.60	512
0035	1.95	580	2095	2.07	604	2915	3.22	828	3559	1.97	584	4283	1.49	491
0036	3.10	805	2105	1.84	559	2916	1.77	545	3574	0.85	366	4299	1.33	459
0037	3.51	884	2110	1.62	516	2923	1.82	555	3581	1.09	413	4304	2.09	608
0042	4.83	950	2111	1.90	571	2942	1.78	547	3612	1.67	526	4307	1.67	526
0050	3.93	950	2112	2.05	600	2960	2.44	676	3620	4.39	950	4351	0.86	368
0059 D	0.23	—	2114	2.03	596	3004	2.08	606	3629	1.48	489	4352	0.76	348
0065 D	0.04	—	2121	1.69	530	3018	1.94	578	3632	2.88	762	4360	0.69	335
0066 D	0.04	—	2130	2.12	613	3022	2.40	668	3634	1.29	452	4361	1.00	395
0067 D	0.04	—	2131	1.43	479	3027	2.03	596	3635	1.57	506	4362	0.88	372
0079	3.21	826	2143	1.65	522	3028	1.75	541	3638	1.11	416	4410	2.43	674
0083	7.39	950	2157	3.07	799	3030	3.04	793	3642	0.64	325	4420	2.93	771
0106	8.64	950	2172	1.19	432	3040	2.82	750	3643	2.24	637	4431	1.13	420
0113	4.33	950	2174	2.22	633	3041	2.52	691	3647	2.54	695	4432	1.21	436
0170	1.87	565	2211	4.14	950	3042	2.40	668	3648	1.63	518	4439	1.28	450
0251	3.82	945	2220	1.48	489	3064	3.48	879	3681	1.18	430	4452	2.47	682
0400	6.11	950	2286	1.08	411	3069	5.97	950	3685	1.35	463	4459	1.41	475
0401	8.34	—	2288	3.05	795	3076	2.24	637	3719	1.98	586	4470	1.80	551
0771 N	0.23	245	2300	1.62	516	3081 D	2.18	625	3724	5.15	950	4484	1.58	508
0908 P	107.67	308	2302	1.29	452	3082 D	2.94	773	3726	2.29	647	4493	1.92	574
0913 P	265.42	465	2305	1.62	516	3085 D	2.45	678	3803	1.44	481	4511	0.56	309
0917	2.97	779	2361	0.91	377	3110	2.15	619	3807	1.59	510	4557	1.29	452
1005 *	8.35	950	2362	1.33	459	3111	2.25	639	3808	2.08	606	4558	1.25	444
1016 X*	31.16	950	2380	3.42	867	3113	1.78	547	3821	3.13	810	4561	1.50	493
1164 E	5.40	950	2386	0.85	366	3114	1.98	586	3822	2.74	734	4568	1.97	584
1165 E	3.56	894	2388	1.45	483	3118	0.91	377	3824	3.67	916	4581	1.31	455
1320	2.22	633	2402	1.63	518	3119	0.83	362	3826	0.66	329	4583	4.02	950
1322	11.89	950	2413	1.28	450	3122	1.14	422	3827	1.19	432	4611	0.73	342
1430	3.28	840	2416	1.26	446	3126	1.30	454	3830	0.85	366	4635	3.74	929
1438	1.84	559	2417	1.19	432	3131	0.79	354	3851	2.00	590	4653	0.98	391
1452	1.28	450	2501	1.03	401	3132	1.87	565	3865	0.96	387	4665	5.07	950
1463	8.81	950	2503	1.01	397	3145	1.80	551	3881	2.67	721	4670	2.90	766
1472	3.07	799	2534	1.63	518	3146	2.08	606	4000	5.47	950	4683	3.71	923
1624 E	5.75	950	2570	3.74	929	3169	1.85	561	4021	4.48	950	4686	0.96	387
1642	3.09	803	2585	2.34	656	3175 D	2.15	619	4024 E	1.68	528	4692	0.36	270
1654	4.75	950	2586	1.00	395	3179	1.82	555	4034	5.26	950	4693	0.70	337
1655	3.74	929	2587	2.19	627	3180	1.35	463	4036	1.90	571	4703	1.83	557
1699	1.51	494	2589	1.09	413	3188	1.15	424	4038	1.64	520	4717	1.35	463
1701	2.34	656	2600	4.83	950	3220	1.43	479	4053	2.60	707	4720	3.96	950
1710 E	4.63	950	2623	2.13	615	3223	2.27	643	4061	3.21	826	4740	1.16	426
1741 E	1.40	473	2651	1.99	588	3224	1.85	561	4062	1.74	539	4741	1.33	459
1745 X	2.27	643	2660	1.10	415	3227	1.38	469	4101	1.51	494	4751	1.13	420
1747	1.98	586	2670	1.74	539	3240	2.29	647	4111	2.32	652	4771 N	1.29	452
1748	5.65	950	2683	1.49	491	3241	2.13	615	4112	0.71	338	4777	1.31	455
1803 D	4.06	950	2688	2.30	649	3255	1.77	545	4113	1.00	395	4825	0.68	333
1852 D	1.88	567	2701	5.60	950	3257	2.58	703	4114	1.68	528	4828	1.26	446
1853	1.75	541	2702 X	22.82	950	3270	2.44	676	4130	3.44	871	4829	0.91	377
1860	1.48	489	2710	6.65	950	3300	3.38	859	4131	1.84	559	4902	1.01	397
1924	3.21	826	2714	3.16	816	3303	2.89	764	4133	1.82	555	4923	0.84	364
1925	2.22	633	2719 X	8.38	950	3307	2.54	695	4150	1.26	446	5020	5.57	950
2001	1.80	551	2731	2.80	746	3315	1.99	588	4206	2.78	742	5022	4.01	950
2002	2.27	643	2735	1.97	584	3334	1.62	516	4207	0.76	348	5037	15.71	950
2003	2.55	697	2759	6.40	950	3336	1.67	526	4239	0.96	387	5040	21.07	950
2014	4.81	950	2790	1.18	430	3365	7.74	950	4240	1.87	565	5057	15.07	950
2016	1.50	493	2802	3.98	950	3372	2.15	619	4243	1.26	446	5059	17.90	950
2021	2.52	691	2812	2.79	744	3373	2.19	627	4244	2.24	637	5069	22.61	950
2039	3.37	857	2835	1.21	436	3383	0.81	358	4250	1.13	420	5102	3.32	847
2041	3.23	830	2836	1.70	532	3385	0.66	329	4251	1.34	461	5146	4.06	950

*Refer to the Footnotes Page for additional information on this class code.

SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective 07-01-2008

ARKANSAS
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ORIGINAL PRINTING

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
5160	2.87	760	6504	1.93	576	7502	2.04	598	8292	2.44	676	9082	1.31	455			
5183	2.84	754	6702 M*	6.21	950	7515	0.88	372	8293	5.62	950	9083	1.33	459			
5188	3.63	908	6703 M*	11.11	950	7520	1.85	561	8295 X	6.15	950	9084	1.54	500			
5190	2.60	707	6704 M*	6.90	950	7538	8.30	950	8304	5.66	950	9089	0.94	383			
5191 X	1.50	493	6801F	9.47	950	7539	3.56	894	8350	4.66	950	9093	1.15	424			
5192	3.24	832	6811	4.16	950	7540	2.33	654	8380	2.92	769	9101	2.48	684			
5213	5.72	950	6824F	27.26	950	7580	1.54	500	8381	1.23	440	9102	2.39	666			
5215	3.42	867	6826F	10.45	950	7590	4.26	950	8385	1.98	586	9154	1.59	510			
5221	4.21	950	6834	2.94	773	7600	2.14	617	8392	2.47	682	9156	1.08	411			
5222	9.72	950	6836	4.80	950	7601	9.65	950	8393	1.40	473	9170	2.28	645			
5223	4.28	950	6843F	12.17	950	7605	2.69	725	8500	5.21	950	9178	21.51	950			
5348	3.32	847	6845F	18.47	950	7610	0.44	286	8601	0.68	333	9179	29.51	950			
5402	3.68	918	6854	4.16	950	7611	4.32	950	8606	2.29	647	9180	3.04	793			
5403	7.61	950	6872F	15.86	950	7612	9.63	950	8709F	6.56	950	9182	2.22	633			
5437	3.61	904	6874F	32.45	950	7613	3.84	949	8719	1.54	500	9186	43.71	950			
5443	3.27	838	6882	4.16	950	7705	2.12	613	8720	1.11	416	9220	2.79	744			
5445	4.09	950	6884	9.39	950	7710	4.75	950	8721	0.33	264	9402	3.53	888			
5462	4.32	950	7016 M	3.69	920	7711	4.75	950	8726F	7.52	950	9403	4.70	950			
5472	3.93	950	7024 M	4.11	950	7720 X	2.12	613	8734 M	0.53	303	9410	1.44	481			
5473	5.38	950	7038 M	4.66	950	7855	5.11	950	8737 M	0.48	294	9501	3.61	904			
5474	5.91	950	7046 M	20.48	950	8001	1.83	557	8738 M	0.84	364	9505	3.13	810			
5478	3.59	900	7047 M	6.61	950	8002	2.67	721	8742 X	0.39	276	9516	2.67	721			
5479	6.36	950	7050 M	8.33	950	8006	1.59	510	8745	3.76	933	9519	1.50	493			
5480	6.44	950	7090 M	5.17	950	8008	1.00	395	8748	0.34	266	9521	4.34	950			
5491	1.67	526	7098 M	22.76	950	8010	1.55	502	8755	0.21	241	9522	1.29	452			
5506	3.00	785	7099 M	36.67	950	8013	0.40	278	8799	0.79	354	9534	5.73	950			
5507	4.52	950	7133	2.82	750	8015	0.53	303	8800	0.79	354	9554	6.08	950			
5508 D	7.62	950	7151 M	3.42	867	8017	0.96	387	8803	0.06	212	9586	0.54	305			
5535	5.97	950	7152 M	6.12	950	8018 X*	2.07	604	8805 M	0.28	255	9600	1.34	461			
5537	3.94	950	7153 M	3.81	943	8021	1.53	498	8810	0.20	239	9620	1.09	413			
5551	11.47	950	7222	7.89	950	8031	3.18	820	8814 M	0.24	247						
5606	1.36	465	7228 X	5.60	950	8032	1.30	454	8815 M	0.44	286						
5610	4.47	950	7229 X	5.87	950	8033	1.55	502	8820	0.18	235						
5645	9.13	950	7230	3.31	845	8039	1.13	420	8824	2.03	596						
5651	6.77	950	7231	4.38	950	8044	2.27	643	8825	1.73	537						
5703	73.82	950	7232	10.34	950	8045	0.34	266	8826	1.83	557						
5705	4.32	950	7309F	18.45	950	8046	2.19	627	8829	2.20	629						
5951	0.33	264	7313F	5.23	950	8047	0.88	372	8831	2.15	619						
6003	8.09	950	7317F	8.28	950	8058	2.25	639	8832	0.23	245						
6005	6.15	950	7327F	24.43	950	8072	0.66	329	8833 X*	0.74	344						
6017	3.16	816	7333 M	4.43	950	8102	2.08	606	8835	1.62	516						
6018	1.72	535	7335 M	4.92	950	8103	3.07	799	8842	1.20	434						
6045	1.99	588	7337 M	7.93	950	8105	3.97	950	8864	1.20	434						
6204	8.05	950	7350F	15.93	950	8106	3.14	812	8868	0.31	260						
6206	5.11	950	7360	5.71	950	8107	2.68	723	8869	0.60	317						
6213	6.72	950	7370	4.03	950	8111	3.09	803	8871	0.19	237						
6214	2.27	643	7380 X	2.78	742	8116	3.44	871	8901	0.21	241						
6216	5.23	950	7382	2.29	647	8203	4.52	950	9012	1.59	510						
6217	4.09	950	7390	2.97	779	8204	3.92	950	9014	2.28	645						
6229	4.06	950	7394 M	8.99	950	8209	2.45	678	9015 X	1.98	586						
6233	4.42	950	7395 M	9.99	950	8215	4.71	950	9016	5.11	950						
6235	11.76	950	7398 M	16.10	950	8227	2.57	701	9019	2.43	674						
6236	9.68	950	7403	2.38	664	8232	5.17	950	9033	1.62	516						
6237	2.48	684	7405 N	0.94	383	8233	4.21	950	9040 *	2.89	764						
6251 D	6.45	950	7420 X*	20.61	950	8235	3.39	861	9052	1.28	450						
6252 D	4.82	950	7421	2.18	625	8263	7.66	950	9058	1.46	485						
6260 D	4.26	950	7422	1.84	559	8264	2.77	740	9059	2.27	643						
6306	4.58	950	7425	3.41	865	8265	7.62	950	9060	1.49	491						
6319	4.47	950	7431 N	1.39	471	8279	7.32	950	9061	1.14	422						
6325	3.73	927	7445 N	0.50	—	8288	4.93	950	9063	0.81	358						
6400	5.60	950	7453 N	0.75	—	8291	1.72	535	9077F	3.48	879						

*Refer to the Footnotes Page for additional information on this class code.

SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
Effective 07-01-2008

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ORIGINAL PRINTING

CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM
RESERVED FOR FUTURE USE														

*Refer to the Footnotes Page for additional information on this class code.

SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY

Effective July 1, 2008

FOOTNOTE

A Minimum Premium \$100 per ginning location for policy minimum premium computation.

D rate for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E rate for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.23	S	1710E	0.04	S	3175D	0.03	S
0065D	0.04	S	1741E	0.19	S	4024E	0.01	S
0066D	0.04	S	1803D	0.19	S	5508D	0.03	S
0067D	0.04	S	1852D	0.04	Asb	6251D	0.05	S
1164E	0.06	S	3081D	0.04	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.03	S
1624E	0.04	S	3085D	0.04	S			

S=Silica, Asb=Asbestos

F rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. rate contains a provision for federal assessment.

M rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 rate includes a non-ratable disease element of \$4.08. (For coverage written separately for federal benefits only, \$2.69. For coverage written separately for state benefits only, \$1.39.)
- 1016 rate includes a non-ratable disease element of \$16.30. (For coverage written separately for federal benefits only, \$10.74. For coverage written separately for state benefits only, \$5.56.) It also includes a catastrophe loading of \$0.10.
- 6702 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.
- 6703 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.175 and elr x 2.032.
- 6704 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.

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Effective July 1, 2008

- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.38. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.39. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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Effective July 1, 2008

MISCELLANEOUS VALUES

Percentage Premium Reduction for Employers Electing A Deductible - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.4%	7.5%	6.4%	5.4%	4.5%	3.1%	2.3%
\$1,500	11.5%	9.2%	7.9%	6.7%	5.6%	3.9%	3.0%
\$2,000	13.1%	10.6%	9.1%	7.8%	6.6%	4.7%	3.5%
\$2,500	14.5%	11.8%	10.2%	8.7%	7.4%	5.3%	4.0%
\$3,000	15.7%	12.8%	11.1%	9.6%	8.1%	5.9%	4.5%
\$3,500	16.9%	13.8%	12.0%	10.4%	8.8%	6.5%	4.9%
\$4,000	17.9%	14.7%	12.8%	11.1%	9.5%	7.0%	5.3%
\$4,500	18.9%	15.5%	13.6%	11.8%	10.1%	7.5%	5.7%
\$5,000	19.8%	16.3%	14.3%	12.5%	10.7%	8.0%	6.1%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.1%	7.3%	6.2%	5.2%	4.3%	2.9%	2.2%
\$1,500	10.9%	8.8%	7.5%	6.3%	5.3%	3.7%	2.8%
\$2,000	12.3%	10.0%	8.6%	7.3%	6.1%	4.3%	3.2%
\$2,500	13.5%	11.0%	9.5%	8.0%	6.8%	4.8%	3.6%
\$3,000	14.5%	11.8%	10.2%	8.7%	7.4%	5.3%	4.0%
\$3,500	15.4%	12.6%	10.9%	9.3%	7.9%	5.7%	4.3%
\$4,000	16.2%	13.3%	11.6%	9.9%	8.4%	6.1%	4.6%
\$4,500	17.0%	13.9%	12.1%	10.4%	8.9%	6.5%	4.9%
\$5,000	17.6%	14.5%	12.7%	10.9%	9.3%	6.8%	5.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	1.9%	1.5%	1.4%	1.3%	1.1%	0.9%	0.7%
\$1,500	2.7%	2.1%	2.0%	1.8%	1.6%	1.3%	1.0%
\$2,000	3.3%	2.7%	2.5%	2.3%	2.0%	1.7%	1.3%
\$2,500	3.9%	3.2%	2.9%	2.7%	2.4%	2.0%	1.5%
\$3,000	4.5%	3.6%	3.3%	3.1%	2.7%	2.3%	1.8%
\$3,500	5.0%	4.1%	3.7%	3.5%	3.1%	2.6%	2.0%
\$4,000	5.4%	4.4%	4.1%	3.8%	3.4%	2.9%	2.2%
\$4,500	5.9%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%
\$5,000	6.3%	5.2%	4.8%	4.5%	3.9%	3.4%	2.6%

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

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MISCELLANEOUS VALUES - Continued

Basis of premium applicable in accordance with the **Basic Manual** footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee.....	\$750.00
--	----------

Expense Constant applicable in accordance with **Basic Manual** Rule 3-A-11.

\$200.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Code 9741).....

\$0.01

Foreign Terrorism (Code 9740).....

\$0.03

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 -- "Executive Officers" and the **Basic Manual** footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling".....

\$2,500.00

Minimum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 -- "Executive Officers".....

\$300.00

Per Passenger Seat Surcharge - In accordance with the **Basic Manual** footnote instructions for Code 7421, the surcharge is:

Maximum surcharge per aircraft.....	\$1,000
Per passenger seat.....	\$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E.....

\$31,900.00

Premium Discount Percentages - see Basic Manual Rule 3-A-19a. The following premium discounts are applicable to standard premiums:

				Type A	Type B
First	\$5,000	(0 - 5,000)	--	0.0%	0.0%
Next	\$95,000	(5,001 - 100,000)	a	10.9%	3.5%
Next	\$400,000	(100,001 - 500,000)	b	12.6%	5.0%
Over	\$500,000	(500,001 & over)	c	14.4%	7.0%

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with **Basic Manual** Rule 3-A-4.....

86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the **Experience Rating Plan Manual** should be referenced for the latest approved eligibility amounts by state.

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SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY

CLA00059

**RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

**ARKANSAS
RR 1**

Effective July 1, 2008

Original Printing

- | <p>1. Hazard Group Differentials</p> <table border="1"> <thead> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> </tr> </thead> <tbody> <tr> <td>1.89</td> <td>1.42</td> <td>1.26</td> <td>1.13</td> <td>0.98</td> <td>0.79</td> <td>0.56</td> </tr> </tbody> </table> | A | B | C | D | E | F | G | 1.89 | 1.42 | 1.26 | 1.13 | 0.98 | 0.79 | 0.56 | <p>2 Tax Multiplier</p> <table border="0"> <tr> <td>a.</td> <td>State (Non-F classes)</td> <td>1.062</td> </tr> <tr> <td>b.</td> <td>Federal classes (or Non-F classes where rate is increased by the USL&HW Act Percentage)</td> <td>1.140</td> </tr> </table> | a. | State (Non-F classes) | 1.062 | b. | Federal classes (or Non-F classes where rate is increased by the USL&HW Act Percentage) | 1.140 |
|--|---|-------|------|------|------|------|---|------|------|------|------|------|------|------|--|----|-----------------------|-------|----|---|-------|
| A | B | C | D | E | F | G | | | | | | | | | | | | | | | |
| 1.89 | 1.42 | 1.26 | 1.13 | 0.98 | 0.79 | 0.56 | | | | | | | | | | | | | | | |
| a. | State (Non-F classes) | 1.062 | | | | | | | | | | | | | | | | | | | |
| b. | Federal classes (or Non-F classes where rate is increased by the USL&HW Act Percentage) | 1.140 | | | | | | | | | | | | | | | | | | | |
| <p>3 Expected Loss Ratio
0.635</p> <p>Expected Loss & ALE Ratio
0.705</p> | <p>4 Table of Expense Ratios</p> <p>Type A: XXVII - A
Type B: XXVII - B</p> <p>Type A = Stock
Type B = Non-Stock</p> | | | | | | | | | | | | | | | | | | | | |
| <p>2. 2008 Table of Expected Loss Ranges**
Effective January 1, 2008</p> | | | | | | | | | | | | | | | | | | | | | |

- 3. Excess Loss Premium Factors**
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$10,000 †	0.341	0.373	0.392	0.409	0.427	0.453	0.474
\$15,000 †	0.304	0.338	0.359	0.378	0.399	0.429	0.454
\$20,000 †	0.275	0.311	0.333	0.353	0.376	0.408	0.438
\$25,000	0.251	0.288	0.311	0.332	0.356	0.391	0.423
\$30,000	0.232	0.269	0.293	0.314	0.339	0.375	0.410
\$35,000	0.217	0.253	0.277	0.298	0.324	0.361	0.398
\$40,000	0.203	0.238	0.262	0.284	0.311	0.349	0.387
\$50,000	0.180	0.214	0.238	0.260	0.287	0.326	0.368
\$75,000	0.143	0.173	0.196	0.217	0.244	0.284	0.330
\$100,000	0.120	0.146	0.169	0.187	0.215	0.254	0.302
\$125,000	0.104	0.127	0.149	0.166	0.192	0.231	0.280
\$150,000	0.093	0.114	0.135	0.151	0.176	0.213	0.263
\$175,000	0.084	0.103	0.123	0.138	0.162	0.198	0.248
\$200,000	0.077	0.095	0.114	0.128	0.150	0.185	0.235
\$225,000	0.071	0.087	0.106	0.119	0.140	0.175	0.224
\$250,000	0.067	0.082	0.100	0.112	0.133	0.166	0.215
\$275,000	0.063	0.077	0.095	0.106	0.126	0.157	0.206
\$300,000	0.059	0.072	0.090	0.101	0.119	0.150	0.198
\$325,000	0.056	0.069	0.085	0.096	0.114	0.144	0.191
\$350,000	0.053	0.065	0.081	0.092	0.109	0.138	0.185
\$375,000	0.051	0.063	0.078	0.088	0.105	0.133	0.179
\$400,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$425,000	0.047	0.058	0.072	0.081	0.097	0.124	0.169
\$450,000	0.045	0.055	0.070	0.079	0.094	0.120	0.164
\$475,000	0.044	0.053	0.067	0.076	0.091	0.117	0.161
\$500,000	0.043	0.052	0.065	0.074	0.088	0.113	0.157
\$600,000	0.037	0.046	0.059	0.066	0.079	0.102	0.144
\$700,000	0.034	0.042	0.053	0.060	0.072	0.093	0.133
\$800,000	0.032	0.039	0.050	0.056	0.067	0.087	0.124
\$900,000	0.030	0.036	0.047	0.052	0.062	0.081	0.117
\$1,000,000	0.028	0.034	0.044	0.049	0.058	0.076	0.111
\$2,000,000	0.017	0.022	0.028	0.032	0.038	0.050	0.076
\$3,000,000	0.011	0.015	0.020	0.023	0.029	0.038	0.058
\$4,000,000	0.009	0.012	0.016	0.018	0.023	0.031	0.048
\$5,000,000	0.007	0.010	0.013	0.015	0.018	0.025	0.041
\$6,000,000	0.006	0.008	0.010	0.012	0.015	0.022	0.035
\$7,000,000	0.005	0.006	0.009	0.010	0.013	0.018	0.030
\$8,000,000	0.004	0.006	0.008	0.009	0.011	0.016	0.027
\$9,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.024
\$10,000,000	0.004	0.004	0.006	0.007	0.009	0.013	0.022

† This loss limit is not applicable for retrospective rating in this state.

** Effective January 1, 2008 per Item R-1396

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**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY**

**RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

**ARKANSAS
RR 2
Original Printing**

Effective July 1, 2008

**Excess Loss and Allocated
Expense Premium Factors**
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$10,000 †	0.432	0.471	0.492	0.513	0.533	0.562	0.577
\$15,000 †	0.389	0.431	0.455	0.477	0.501	0.535	0.557
\$20,000 †	0.356	0.399	0.425	0.449	0.475	0.513	0.539
\$25,000	0.329	0.373	0.400	0.424	0.453	0.493	0.525
\$30,000	0.306	0.350	0.379	0.404	0.434	0.475	0.510
\$35,000	0.286	0.331	0.360	0.385	0.416	0.459	0.498
\$40,000	0.269	0.313	0.343	0.368	0.400	0.445	0.486
\$50,000	0.242	0.284	0.314	0.340	0.373	0.419	0.465
\$75,000	0.195	0.233	0.262	0.287	0.321	0.369	0.422
\$100,000	0.165	0.199	0.227	0.251	0.284	0.333	0.389
\$125,000	0.144	0.174	0.202	0.224	0.257	0.304	0.362
\$150,000	0.129	0.157	0.183	0.204	0.235	0.282	0.341
\$175,000	0.116	0.142	0.168	0.188	0.217	0.263	0.323
\$200,000	0.106	0.130	0.155	0.173	0.202	0.247	0.307
\$225,000	0.099	0.121	0.145	0.162	0.190	0.233	0.293
\$250,000	0.093	0.113	0.136	0.153	0.180	0.221	0.281
\$275,000	0.087	0.106	0.129	0.145	0.170	0.211	0.270
\$300,000	0.082	0.100	0.122	0.137	0.161	0.202	0.260
\$325,000	0.078	0.095	0.116	0.131	0.154	0.193	0.252
\$350,000	0.074	0.091	0.111	0.125	0.148	0.185	0.243
\$375,000	0.071	0.087	0.107	0.120	0.142	0.178	0.236
\$400,000	0.068	0.083	0.103	0.116	0.137	0.172	0.229
\$425,000	0.066	0.080	0.099	0.111	0.132	0.166	0.223
\$450,000	0.063	0.077	0.096	0.107	0.128	0.161	0.217
\$475,000	0.061	0.074	0.092	0.104	0.123	0.157	0.212
\$500,000	0.059	0.072	0.090	0.101	0.120	0.152	0.207
\$600,000	0.052	0.063	0.080	0.090	0.107	0.137	0.190
\$700,000	0.047	0.058	0.073	0.082	0.098	0.125	0.176
\$800,000	0.044	0.054	0.068	0.076	0.091	0.117	0.165
\$900,000	0.041	0.050	0.063	0.071	0.085	0.109	0.156
\$1,000,000	0.039	0.047	0.060	0.067	0.080	0.103	0.147
\$2,000,000	0.023	0.030	0.039	0.044	0.052	0.068	0.101
\$3,000,000	0.017	0.022	0.029	0.032	0.039	0.052	0.079
\$4,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.066
\$5,000,000	0.011	0.013	0.018	0.021	0.026	0.036	0.056
\$6,000,000	0.008	0.011	0.015	0.018	0.022	0.030	0.048
\$7,000,000	0.007	0.009	0.013	0.015	0.018	0.026	0.042
\$8,000,000	0.006	0.008	0.011	0.013	0.016	0.023	0.037
\$9,000,000	0.006	0.007	0.010	0.011	0.014	0.020	0.034
\$10,000,000	0.005	0.006	0.009	0.011	0.013	0.018	0.030

† This loss limit is not applicable for retrospective rating in this state.

4. Retrospective Premium Development Factors

With Loss Limit			Without Loss Limit			4th & Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.04	0.04	0.03	0.10	0.10	0.08	0.00

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**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
Effective 07-01-2008

ARKANSAS
PAGE S1

ORIGINAL PRINTING

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	5.23	950	2065	1.31	455	2841	3.03	791	3400	2.21	631	4263	1.79	549
0008	2.13	615	2070	4.45	950	2881	2.05	600	3507	2.52	691	4273	1.56	504
0016	4.58	950	2081	3.14	812	2883	3.33	849	3515	1.78	547	4279	1.47	487
0034	3.52	886	2089	2.06	602	2913	3.33	849	3548	1.10	415	4282	1.72	535
0035	2.10	610	2095	2.22	633	2915	3.46	875	3559	2.11	611	4283	1.60	512
0036	3.34	851	2105	1.98	586	2916	1.90	571	3574	0.92	379	4299	1.43	479
0037	3.77	935	2110	1.74	539	2923	1.95	580	3581	1.17	428	4304	2.25	639
0042	5.20	950	2111	2.05	600	2942	1.91	572	3612	1.79	549	4307	1.79	549
0050	4.23	950	2112	2.21	631	2960	2.63	713	3620	4.73	950	4351	0.93	381
0059 D	0.24	—	2114	2.18	625	3004	2.24	637	3629	1.59	510	4352	0.82	360
0065 D	0.04	—	2121	1.82	555	3018	2.09	608	3632	3.26	836	4360	0.74	344
0066 D	0.04	—	2130	2.28	645	3022	2.59	705	3634	1.39	471	4361	1.08	411
0067 D	0.04	—	2131	1.54	500	3027	2.18	625	3635	1.68	528	4362	0.94	383
0079	3.45	873	2143	1.78	547	3028	1.89	569	3638	1.20	434	4410	2.61	709
0083	7.95	950	2157	3.30	844	3030	3.27	838	3642	0.69	335	4420	3.15	814
0106	9.29	950	2172	1.28	450	3040	3.03	791	3643	2.41	670	4431	1.21	436
0113	4.66	950	2174	2.38	664	3041	2.71	728	3647	2.73	732	4432	1.31	455
0170	2.01	592	2211	4.46	950	3042	2.59	705	3648	1.75	541	4439	1.37	467
0251	4.11	950	2220	1.59	510	3064	3.74	929	3681	1.27	448	4452	2.65	717
0400	6.57	950	2286	1.16	426	3069	6.43	950	3685	1.45	483	4459	1.52	496
0401	8.97	—	2288	3.29	842	3076	2.41	670	3719	2.13	615	4470	1.94	578
0771 N	0.24	247	2300	1.74	539	3081 D	2.34	656	3724	5.54	950	4484	1.70	532
0908 P	115.84	316	2302	1.39	471	3082 D	3.17	818	3726	2.47	682	4493	2.06	602
0913 P	285.56	486	2305	1.74	539	3085 D	2.64	715	3803	1.55	502	4511	0.61	319
0917	3.19	822	2361	0.98	391	3110	2.32	652	3807	1.71	533	4557	1.39	471
1005 *	8.98	950	2362	1.43	479	3111	2.42	672	3808	2.24	637	4558	1.35	463
1016 X*	33.53	950	2380	3.68	918	3113	1.91	572	3821	3.37	857	4561	1.62	516
1164 E	5.81	950	2386	0.92	379	3114	2.13	615	3822	2.95	775	4568	2.11	611
1165 E	3.83	947	2388	1.56	504	3118	0.98	391	3824	3.95	950	4581	1.41	475
1320	2.38	664	2402	1.75	541	3119	0.89	374	3826	0.71	338	4583	4.32	950
1322	12.80	950	2413	1.37	467	3122	1.23	440	3827	1.28	450	4611	0.78	352
1430	3.53	888	2416	1.36	465	3126	1.40	473	3830	0.92	379	4635	4.03	950
1438	1.98	586	2417	1.28	450	3131	0.85	366	3851	2.16	621	4653	1.05	405
1452	1.37	467	2501	1.10	415	3132	2.01	592	3865	1.04	403	4665	5.46	950
1463	9.48	950	2503	1.09	413	3145	1.94	578	3881	2.87	760	4670	3.13	810
1472	3.30	844	2534	1.75	541	3146	2.24	637	4000	5.89	950	4683	3.99	950
1624 E	6.18	950	2570	4.03	950	3169	1.99	588	4021	4.82	950	4686	1.04	403
1642	3.33	849	2585	2.52	691	3175 D	2.32	652	4024 E	1.80	551	4692	0.39	276
1654	5.11	950	2586	1.08	411	3179	1.95	580	4034	5.66	950	4693	0.75	346
1655	4.03	950	2587	2.36	660	3180	1.45	483	4036	2.05	600	4703	1.97	584
1699	1.63	518	2589	1.17	428	3188	1.24	442	4038	1.76	543	4717	1.45	483
1701	2.52	691	2600	5.20	950	3220	1.54	500	4053	2.80	746	4720	4.26	950
1710 E	4.98	950	2623	2.29	647	3223	2.44	676	4061	3.45	873	4740	1.25	444
1741 E	1.51	494	2651	2.14	617	3224	1.99	588	4062	1.87	565	4741	1.43	479
1745 X	2.44	676	2660	1.19	432	3227	1.48	489	4101	1.63	518	4751	1.21	436
1747	2.13	615	2670	1.87	565	3240	2.47	682	4111	2.49	686	4771 N	1.39	471
1748	6.07	950	2683	1.60	512	3241	2.29	647	4112	0.77	350	4777	1.41	475
1803 D	4.36	950	2688	2.48	684	3255	1.90	571	4113	1.08	411	4825	0.73	342
1852 D	2.02	594	2701	6.02	950	3257	2.77	740	4114	1.80	551	4828	1.36	465
1853	1.89	569	2702 X	24.56	950	3270	2.63	713	4130	3.70	922	4829	0.98	391
1860	1.59	510	2710	7.15	950	3300	3.64	910	4131	1.98	586	4902	1.09	413
1924	3.45	873	2714	3.39	861	3303	3.11	806	4133	1.95	580	4923	0.90	376
1925	2.38	664	2719 X	9.01	950	3307	2.73	732	4150	1.36	465	5020	5.99	950
2001	1.94	578	2731	3.02	789	3315	2.14	617	4206	2.99	783	5022	4.31	950
2002	2.44	676	2735	2.11	611	3334	1.74	539	4207	0.82	360	5037	16.90	950
2003	2.75	736	2759	6.88	950	3336	1.79	549	4239	1.04	403	5040	22.67	950
2014	5.17	950	2790	1.27	448	3365	8.32	950	4240	2.01	592	5057	16.22	950
2016	1.62	516	2802	4.28	950	3372	2.32	652	4243	1.36	465	5059	19.26	950
2021	2.71	728	2812	3.00	785	3373	2.36	660	4244	2.41	670	5069	24.33	950
2039	3.62	906	2835	1.31	455	3383	0.88	372	4250	1.21	436	5102	3.57	896
2041	3.48	879	2836	1.83	557	3385	0.71	338	4251	1.44	481	5146	4.36	950

*Refer to the Footnotes Page for additional information on this class code.

SENTRY SELECT INSURANCE COMPANY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective 07-01-2008

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
5160	3.08	801	6504	2.07	604	7502	2.20	629	8292	2.63	713	9082	1.41	475
5183	3.06	797	6702 M*	6.68	950	7515	0.94	383	8293	6.05	950	9083	1.43	479
5188	3.91	950	6703 M*	11.95	950	7520	1.99	588	8295 X	6.61	950	9084	1.66	524
5190	2.80	746	6704 M*	7.42	950	7538	8.93	950	8304	6.09	950	9089	1.01	397
5191 X	1.62	516	6801F	10.18	950	7539	3.83	947	8350	5.01	950	9093	1.24	442
5192	3.49	881	6811	4.47	950	7540	2.51	689	8380	3.14	812	9101	2.67	721
5213	6.16	950	6824F	29.32	950	7580	1.66	524	8381	1.32	457	9102	2.57	701
5215	3.68	918	6826F	11.25	950	7590	4.58	950	8385	2.13	615	9154	1.71	533
5221	4.53	950	6834	3.17	818	7600	2.30	649	8392	2.65	717	9156	1.16	426
5222	10.45	950	6836	5.16	950	7601	10.39	950	8393	1.51	494	9170	2.45	678
5223	4.61	950	6843F	13.09	950	7605	2.90	766	8500	5.60	950	9178	23.14	950
5348	3.57	896	6845F	19.87	950	7610	0.47	292	8601	0.73	342	9179	31.75	950
5402	3.96	950	6854	4.47	950	7611	4.65	950	8606	2.47	682	9180	3.27	838
5403	8.19	950	6872F	17.07	950	7612	10.36	950	8709F	7.06	950	9182	2.38	664
5437	3.88	950	6874F	34.91	950	7613	4.14	950	8719	1.66	524	9186	47.02	950
5443	3.52	886	6882	4.47	950	7705	2.28	645	8720	1.20	434	9220	3.00	785
5445	4.40	950	6884	10.10	950	7710	5.11	950	8721	0.35	268	9402	3.80	941
5462	4.65	950	7016 M	3.97	950	7711	5.11	950	8726F	8.10	950	9403	5.05	950
5472	4.23	950	7024 M	4.42	950	7720 X	2.28	645	8734 M	0.57	311	9410	1.55	502
5473	5.79	950	7038 M	5.01	950	7855	5.50	950	8737 M	0.51	299	9501	3.88	950
5474	6.36	950	7046 M	22.04	950	8001	1.97	584	8738 M	0.90	376	9505	3.37	857
5478	3.87	950	7047 M	7.11	950	8002	2.87	760	8742 X	0.42	282	9516	2.87	760
5479	6.84	950	7050 M	8.96	950	8006	1.71	533	8745	4.04	950	9519	1.62	516
5480	6.92	950	7090 M	5.56	950	8008	1.08	411	8748	0.36	270	9521	4.67	950
5491	1.79	549	7098 M	24.49	950	8010	1.67	526	8755	0.23	245	9522	1.39	471
5506	3.23	830	7099 M	39.45	950	8013	0.43	284	8799	0.85	366	9534	6.17	950
5507	4.86	950	7133	3.03	791	8015	0.57	311	8800	0.85	366	9554	6.55	950
5508 D	8.20	950	7151 M	3.68	918	8017	1.04	403	8803	0.07	214	9586	0.58	313
5535	6.43	950	7152 M	6.59	950	8018 X*	2.22	633	8805 M	0.30	259	9600	1.44	481
5537	4.24	950	7153 M	4.09	950	8021	1.64	520	8810	0.22	243	9620	1.17	428
5551	12.34	950	7222	8.49	950	8031	3.42	867	8814 M	0.26	251			
5606	1.47	487	7228 X	6.02	950	8032	1.40	473	8815 M	0.47	292			
5610	4.81	950	7229 X	6.32	950	8033	1.67	526	8820	0.19	237			
5645	9.82	950	7230	3.56	894	8039	1.21	436	8824	2.18	625			
5651	7.29	950	7231	4.71	950	8044	2.44	676	8825	1.86	563			
5703	79.42	950	7232	11.13	950	8045	0.36	270	8826	1.97	584			
5705	4.65	950	7309F	19.85	950	8046	2.36	660	8829	2.37	662			
5951	0.35	268	7313F	5.63	950	8047	0.94	383	8831	2.32	652			
6003	8.70	950	7317F	8.90	950	8058	2.42	672	8832	0.24	247			
6005	6.61	950	7327F	26.28	950	8072	0.71	338	8833 X*	0.79	354			
6017	3.39	861	7333 M	4.77	950	8102	2.24	637	8835	1.74	539			
6018	1.85	561	7335 M	5.29	950	8103	3.30	844	8842	1.29	452			
6045	2.14	617	7337 M	8.53	950	8105	4.27	950	8864	1.29	452			
6204	8.66	950	7350F	17.13	950	8106	3.38	859	8868	0.34	266			
6206	5.50	950	7360	6.14	950	8107	2.88	762	8869	0.65	327			
6213	7.23	950	7370	4.34	950	8111	3.33	849	8871	0.20	239			
6214	2.44	676	7380 X	2.99	783	8116	3.70	922	8901	0.23	245			
6216	5.63	950	7382	2.47	682	8203	4.86	950	9012	1.71	533			
6217	4.40	950	7390	3.19	822	8204	4.22	950	9014	2.45	678			
6229	4.36	950	7394 M	9.67	950	8209	2.64	715	9015 X	2.13	615			
6233	4.75	950	7395 M	10.75	950	8215	5.06	950	9016	5.50	950			
6235	12.65	950	7398 M	17.32	950	8227	2.76	738	9019	2.61	709			
6236	10.41	950	7403	2.56	699	8232	5.56	950	9033	1.74	539			
6237	2.67	721	7405 N	1.01	397	8233	4.53	950	9040 *	3.11	806			
6251 D	6.94	950	7420 X*	22.17	950	8235	3.65	912	9052	1.37	467			
6252 D	5.19	950	7421	2.34	656	8263	8.24	950	9058	1.58	508			
6260 D	4.58	950	7422	1.98	586	8264	2.98	781	9059	2.44	676			
6306	4.93	950	7425	3.66	914	8265	8.20	950	9060	1.60	512			
6319	4.81	950	7431 N	1.50	493	8279	7.88	950	9061	1.23	440			
6325	4.01	950	7445 N	0.54	—	8288	5.31	950	9063	0.88	372			
6400	6.02	950	7453 N	0.81	—	8291	1.85	561	9077F	3.74	929			

*Refer to the Footnotes Page for additional information on this class code.

SENTRY SELECT INSURANCE COMPANY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
Effective 07-01-2008

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CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM	CLASS CODE	MIN RATE	MIN PREM
RESERVED FOR FUTURE USE														

*Refer to the Footnotes Page for additional information on this class code.

SENTRY SELECT INSURANCE COMPANY

Effective July 1, 2008

FOOTNOTE

A Minimum Premium \$100 per ginning location for policy minimum premium computation.

D rate for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E rate for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.24	S	1710E	0.04	S	3175D	0.03	S
0065D	0.04	S	1741E	0.20	S	4024E	0.01	S
0066D	0.04	S	1803D	0.20	S	5508D	0.03	S
0067D	0.04	S	1852D	0.04	Asb	6251D	0.05	S
1164E	0.07	S	3081D	0.04	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.03	S
1624E	0.04	S	3085D	0.04	S			

S=Silica, Asb=Asbestos

F rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. rate contains a provision for federal assessment.

M rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 rate includes a non-ratable disease element of \$4.39. (For coverage written separately for federal benefits only, \$2.90. For coverage written separately for state benefits only, \$1.50.)
- 1016 rate includes a non-ratable disease element of \$17.54. (For coverage written separately for federal benefits only, \$11.56. For coverage written separately for state benefits only, \$5.98.) It also includes a catastrophe loading of \$0.11.
- 6702 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.
- 6703 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.175 and elr x 2.032.
- 6704 rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.

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Effective July 1, 2008

- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.40. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.50. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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Effective July 1, 2008

MISCELLANEOUS VALUES

Percentage Premium Reduction for Employers Electing A Deductible - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.5%	7.6%	6.5%	5.4%	4.5%	3.1%	2.3%
\$1,500	11.6%	9.3%	8.0%	6.7%	5.7%	4.0%	3.0%
\$2,000	13.2%	10.7%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.6%	11.9%	10.3%	8.8%	7.5%	5.4%	4.1%
\$3,000	15.9%	13.0%	11.3%	9.7%	8.2%	6.0%	4.5%
\$3,500	17.0%	13.9%	12.1%	10.5%	8.9%	6.6%	5.0%
\$4,000	18.1%	14.8%	13.0%	11.2%	9.6%	7.1%	5.4%
\$4,500	19.1%	15.7%	13.7%	11.9%	10.2%	7.6%	5.8%
\$5,000	20.0%	16.5%	14.5%	12.6%	10.8%	8.1%	6.2%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.2%	7.4%	6.3%	5.2%	4.4%	3.0%	2.2%
\$1,500	11.1%	8.9%	7.6%	6.4%	5.4%	3.7%	2.8%
\$2,000	12.5%	10.1%	8.7%	7.3%	6.2%	4.3%	3.3%
\$2,500	13.7%	11.1%	9.6%	8.1%	6.9%	4.9%	3.7%
\$3,000	14.7%	12.0%	10.3%	8.8%	7.5%	5.3%	4.0%
\$3,500	15.6%	12.7%	11.0%	9.4%	8.0%	5.8%	4.4%
\$4,000	16.4%	13.4%	11.7%	10.0%	8.5%	6.2%	4.7%
\$4,500	17.1%	14.1%	12.3%	10.6%	9.0%	6.6%	5.0%
\$5,000	17.8%	14.7%	12.8%	11.0%	9.4%	6.9%	5.3%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	1.9%	1.5%	1.4%	1.3%	1.1%	1.0%	0.7%
\$1,500	2.7%	2.2%	2.0%	1.8%	1.6%	1.4%	1.0%
\$2,000	3.4%	2.7%	2.5%	2.3%	2.0%	1.7%	1.3%
\$2,500	4.0%	3.2%	2.9%	2.7%	2.4%	2.0%	1.5%
\$3,000	4.5%	3.7%	3.4%	3.1%	2.8%	2.3%	1.8%
\$3,500	5.0%	4.1%	3.8%	3.5%	3.1%	2.6%	2.0%
\$4,000	5.5%	4.5%	4.1%	3.9%	3.4%	2.9%	2.2%
\$4,500	5.9%	4.9%	4.5%	4.2%	3.7%	3.1%	2.4%
\$5,000	6.3%	5.2%	4.8%	4.5%	4.0%	3.4%	2.6%

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SENTRY SELECT INSURANCE COMPANY

Effective July 1, 2008

MISCELLANEOUS VALUES - Continued

Basis of premium applicable in accordance with the **Basic Manual** footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee.....	\$750.00
--	----------

Expense Constant applicable in accordance with **Basic Manual** Rule 3-A-11.

\$200.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Code 9741)..... \$0.01

Foreign Terrorism (Code 9740)..... \$0.03

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 -- "Executive Officers" and the **Basic Manual** footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling".....

\$2,500.00

Minimum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 -- "Executive Officers"..... \$300.00Per Passenger Seat Surcharge - In accordance with the **Basic Manual** footnote instructions for Code 7421, the surcharge is:

Maximum surcharge per aircraft.....	\$1,000
Per passenger seat.....	\$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E..... \$31,900.00

Premium Discount Percentages - see Basic Manual Rule 3-A-19a. The following premium discounts are applicable to standard premiums:

				Type A	Type B
First	\$5,000	(0 - 5,000)	--	0.0%	0.0%
Next	\$95,000	(5,001 - 100,000)	a	10.9%	3.5%
Next	\$400,000	(100,001 - 500,000)	b	12.6%	5.0%
Over	\$500,000	(500,001 & over)	c	14.4%	7.0%

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with **Basic Manual** Rule 3-A-4..... 86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the **Experience Rating Plan Manual** should be referenced for the latest approved eligibility amounts by state.

**RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

**ARKANSAS
RR 1**

Effective July 1, 2008

Original Printing

1. **Hazard Group Differentials**

A	B	C	D	E	F	G
1.89	1.42	1.26	1.13	0.98	0.79	0.56
 2. **Tax Multiplier**

a.	State (Non-F classes)	1.062
b.	Federal classes (or Non-F classes where rate is increased by the USL&HW Act Percentage)	1.140
 3. **Expected Loss Ratio**
0.678
Expected Loss & ALE Ratio
0.724
 4. **Table of Expense Ratios for ALE Option**

Type A:	XXVII - A
Type B:	XXVII - B
Type A:	XXVII - C
Type B:	XXVII - D
2. **2008 Table of Expected Loss Ranges****
Effective January 1, 2008
- Type A = Stock Type B = Non-Stock
3. **Excess Loss Premium Factors**
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$10,000 †	0.364	0.399	0.418	0.437	0.456	0.484	0.506
\$15,000 †	0.324	0.361	0.384	0.403	0.426	0.458	0.485
\$20,000 †	0.294	0.332	0.355	0.377	0.401	0.436	0.467
\$25,000	0.269	0.308	0.332	0.355	0.380	0.417	0.452
\$30,000	0.248	0.288	0.313	0.335	0.362	0.401	0.438
\$35,000	0.231	0.270	0.296	0.318	0.346	0.386	0.425
\$40,000	0.216	0.254	0.280	0.303	0.332	0.372	0.414
\$50,000	0.192	0.229	0.254	0.277	0.307	0.349	0.393
\$75,000	0.153	0.184	0.210	0.231	0.260	0.304	0.353
\$100,000	0.128	0.156	0.180	0.200	0.229	0.271	0.323
\$125,000	0.111	0.136	0.159	0.178	0.205	0.247	0.299
\$150,000	0.099	0.121	0.144	0.161	0.188	0.228	0.281
\$175,000	0.090	0.110	0.132	0.148	0.173	0.212	0.264
\$200,000	0.082	0.101	0.121	0.136	0.161	0.198	0.251
\$225,000	0.076	0.093	0.113	0.127	0.150	0.186	0.239
\$250,000	0.071	0.087	0.106	0.120	0.142	0.177	0.229
\$275,000	0.067	0.082	0.101	0.113	0.134	0.168	0.220
\$300,000	0.063	0.077	0.096	0.108	0.127	0.161	0.212
\$325,000	0.060	0.073	0.091	0.102	0.122	0.154	0.204
\$350,000	0.057	0.070	0.087	0.098	0.117	0.148	0.197
\$375,000	0.054	0.067	0.083	0.094	0.112	0.142	0.191
\$400,000	0.052	0.064	0.080	0.090	0.108	0.137	0.186
\$425,000	0.050	0.062	0.077	0.087	0.104	0.133	0.180
\$450,000	0.048	0.059	0.075	0.084	0.100	0.128	0.176
\$475,000	0.047	0.057	0.072	0.081	0.097	0.125	0.172
\$500,000	0.045	0.056	0.070	0.079	0.094	0.121	0.168
\$600,000	0.040	0.050	0.063	0.071	0.085	0.109	0.153
\$700,000	0.037	0.045	0.057	0.064	0.077	0.100	0.142
\$800,000	0.035	0.042	0.054	0.060	0.072	0.093	0.133
\$900,000	0.032	0.039	0.050	0.056	0.066	0.087	0.125
\$1,000,000	0.030	0.037	0.047	0.052	0.062	0.081	0.119
\$2,000,000	0.018	0.023	0.030	0.034	0.041	0.054	0.081
\$3,000,000	0.012	0.016	0.022	0.025	0.031	0.041	0.062
\$4,000,000	0.009	0.013	0.017	0.020	0.024	0.033	0.052
\$5,000,000	0.007	0.010	0.014	0.016	0.020	0.027	0.043
\$6,000,000	0.006	0.008	0.011	0.013	0.016	0.023	0.037
\$7,000,000	0.005	0.007	0.009	0.011	0.014	0.020	0.033
\$8,000,000	0.005	0.006	0.008	0.009	0.012	0.017	0.028
\$9,000,000	0.004	0.005	0.007	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.007	0.009	0.014	0.023

† This loss limit is not applicable for retrospective rating in this state.

** Effective January 1, 2008 per Item R-1396

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SENTRY SELECT INSURANCE COMPANY

CLA02062

**RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

**ARKANSAS
RR 2
Original Printing**

Effective July 1, 2008

**Excess Loss and Allocated
Expense Premium Factors**
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$10,000 †	0.444	0.484	0.506	0.527	0.548	0.577	0.592
\$15,000 †	0.400	0.443	0.468	0.490	0.515	0.550	0.572
\$20,000 †	0.366	0.410	0.437	0.461	0.488	0.527	0.554
\$25,000	0.338	0.383	0.411	0.436	0.466	0.506	0.539
\$30,000	0.314	0.360	0.389	0.415	0.445	0.488	0.524
\$35,000	0.294	0.340	0.369	0.395	0.427	0.471	0.511
\$40,000	0.277	0.322	0.352	0.378	0.411	0.457	0.499
\$50,000	0.248	0.292	0.322	0.349	0.383	0.430	0.477
\$75,000	0.200	0.239	0.269	0.295	0.330	0.380	0.433
\$100,000	0.169	0.204	0.233	0.258	0.292	0.342	0.400
\$125,000	0.148	0.179	0.207	0.230	0.264	0.312	0.372
\$150,000	0.133	0.161	0.188	0.210	0.242	0.290	0.351
\$175,000	0.120	0.146	0.172	0.193	0.223	0.270	0.332
\$200,000	0.109	0.134	0.159	0.178	0.208	0.253	0.315
\$225,000	0.101	0.124	0.148	0.167	0.195	0.239	0.301
\$250,000	0.096	0.116	0.140	0.157	0.185	0.227	0.289
\$275,000	0.090	0.109	0.133	0.148	0.175	0.217	0.277
\$300,000	0.085	0.103	0.125	0.141	0.166	0.207	0.267
\$325,000	0.080	0.098	0.120	0.135	0.159	0.198	0.259
\$350,000	0.076	0.093	0.114	0.128	0.152	0.190	0.250
\$375,000	0.073	0.089	0.110	0.123	0.146	0.183	0.243
\$400,000	0.070	0.085	0.106	0.119	0.141	0.177	0.235
\$425,000	0.067	0.082	0.101	0.114	0.135	0.171	0.229
\$450,000	0.064	0.079	0.098	0.110	0.131	0.166	0.223
\$475,000	0.062	0.076	0.095	0.106	0.127	0.161	0.217
\$500,000	0.060	0.074	0.092	0.104	0.123	0.156	0.212
\$600,000	0.054	0.065	0.083	0.093	0.110	0.141	0.195
\$700,000	0.049	0.059	0.075	0.084	0.101	0.129	0.181
\$800,000	0.046	0.055	0.070	0.078	0.093	0.120	0.169
\$900,000	0.042	0.051	0.065	0.073	0.087	0.112	0.160
\$1,000,000	0.040	0.049	0.062	0.069	0.082	0.106	0.151
\$2,000,000	0.024	0.030	0.040	0.045	0.054	0.070	0.104
\$3,000,000	0.017	0.022	0.030	0.033	0.041	0.054	0.081
\$4,000,000	0.013	0.017	0.023	0.027	0.033	0.043	0.067
\$5,000,000	0.011	0.014	0.019	0.022	0.027	0.037	0.057
\$6,000,000	0.008	0.011	0.015	0.018	0.022	0.030	0.049
\$7,000,000	0.007	0.009	0.013	0.015	0.019	0.027	0.043
\$8,000,000	0.007	0.008	0.012	0.013	0.017	0.023	0.038
\$9,000,000	0.006	0.007	0.010	0.012	0.014	0.021	0.035
\$10,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.031

† This loss limit is not applicable for retrospective rating in this state.

4. Retrospective Premium Development Factors

With Loss Limit			Without Loss Limit			4th & Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.05	0.05	0.03	0.11	0.11	0.08	0.00

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SENTRY SELECT INSURANCE COMPANY

SERFF Tracking Number: SEPX-125668601 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC AR08255CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WORKERS COMPENSATION
Project Name/Number: 2008 Workers Comp/WC AR08255CGR01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/28/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 05/28/2008

Comments:

Attachment:

NAIC LC FILING DOCUMENT.PDF

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/28/2008

Comments:

Attachment:

RATE FILING ABSTRACT.PDF

Satisfied -Name: AR WC SBP FILING MEMORANDUM, AR WC SSDO FILING MEMORANDUM **Review Status:** Approved 05/28/2008

Comments:

Attachments:

AR WC SBP FILING MEMORANDUM.PDF
AR WC SSDO FILING MEMORANDUM.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Sentry Insurance Group				Group NAIC #	169
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Sentry Insurance a Mutual Company	WI	24988	39-0333950			
Middlesex Insurance Company	WI	23434	04-1619070			
Sentry Select Insurance Company	WI	21180	36-2674180			

5. Company Tracking Number	WC AR08255CGR01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Dennis Homann 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8166	715-346-6044	Dennis.Homann@sentry.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Dennis Homann			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	WORKERS COMPENSATION
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	AR-2008-02
18. Company's Date of Filing	5-28-2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR08255CGR01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

THE PURPOSE OF THIS FILING IS AS FOLLOWS:

FOR SENTRY INSURANCE A MUTUAL COMPANY AND MIDDLESEX INSURANCE COMPANY. WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02), ADD A CLASS DEVIATION, AND MAINTAIN OUR CURRENT LCM OF 1.252.

THE RATE LEVEL IMPACT FOR THESE CHANGES IS -4.7%.

FOR SENTRY SELECT INSURANCE COMPANY. WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02) AND REVISE OUR LCM FROM 1.207 TO 1.347.

THE RATE LEVEL IMPACT FOR THIS IS -10.2%.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT PAYMENT Amount: \$100 </div> <div style="text-align: center; margin-top: 50px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR08255CGR01
----	---	-----------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
----	--	--

☐ Rate Increase

☒ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
----	---	----------------

4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Sentry Insurance a Mutual Company	-6.9	-4.7	-47009	56	1000199	9.1	-31.3
Middlesex Insurance Company	-6.9	-15.2	-18	0	119	0	-15.2
Sentry Select Insurance Company	-10.2	-10.2	-28667	38	281045	22.6	-18.6

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program	-75694	
5d.	Effect of Rate Filing - Number of policyholders affected	94	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	07/01/2007
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AR WC SBP S1, S2, S3, S4 ,S5, S6, S7, RR1. RR2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	AR WC SSDO S1, S2, S3, S4, S5, S6, S7, RR1, RR2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Effective March 1, 2007

03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR05954CGR01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
 (Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

- 2. Does this filing apply to all class codes?** no **If no, complete a copy of this form for each affected class with appropriate justification.**
All classes except 3632.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) **See Exhibit A**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **0.916**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

- 4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)**

PROJECTED EXPENSES: Compared to standard premium at company rates.

			Selected Provisions	
	A.	Total Production Expense	10.69	%
	B.	General Expense	5.05	%
	C.	Taxes, Licenses & Fee	5.38	%
	D.	Underwriting profit & Contingencies*	-0.09	%
	E.	Other (explain)		%
	F.	Total	21.05	%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	78.95
	B.	ELR in Decimal Form =	.7895

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.019
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.928
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.252
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.252

10. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

Yes

☒

No

☐

11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.

☐
☒

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR05954CGR01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
 (Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

- 2. Does this filing apply to all class codes?** No If no, complete a copy of this form for each affected class with appropriate justification. Class 3632

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) **See Exhibit A**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **0.870**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

- 4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)**

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
	A. Total Production Expense	10.69	%
	B. General Expense	5.05	%
	C. Taxes, Licenses & Fee	5.38	%
	D. Underwriting profit & Contingencies*	-0.09	%
	E. Other (explain)		%
	F. Total	21.05	%
	* Explain how investment income is taken into account		

5.	A. Expected Loss Ratio: ELR = 100% - 4F =	78.95
	B. ELR in Decimal Form =	.7895

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.019
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.928
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.189
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.189

- | | | Yes | No |
|------------|---|-------------------------------------|-------------------------------------|
| 10. | Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR05954CGR01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No **If no, complete a copy of this form for each affected class with appropriate justification.**
All classes except 3632.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) **See Exhibit A**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **0.916**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

			Selected Provisions	
	A.	Total Production Expense	10.69	%
	B.	General Expense	5.05	%
	C.	Taxes, Licenses & Fee	5.38	%
	D.	Underwriting profit & Contingencies*	-0.09	%
	E.	Other (explain)		%
	F.	Total	21.05	%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	78.95
	B.	ELR in Decimal Form =	.7895

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.019
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.928
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.252
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.252

- | | | Yes | No |
|------------|---|-------------------------------------|-------------------------------------|
| 10. | Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR05954CGR01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification. Class 3632

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) See Exhibit A

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.870

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

			Selected Provisions	
	A.	Total Production Expense	10.69	%
	B.	General Expense	5.05	%
	C.	Taxes, Licenses & Fee	5.38	%
	D.	Underwriting profit & Contingencies*	-0.09	%
	E.	Other (explain)		%
	F.	Total	21.05	%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	78.95
	B.	ELR in Decimal Form =	.7895

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.019
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.928
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.189
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.189

- | | | Yes | No |
|------------|---|-------------------------------------|-------------------------------------|
| 10. | Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR05954CGR01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** NCCI AR-2008-02
☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? yes **If no, complete a copy of this form for each affected class with appropriate justification.**

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) **See Exhibit A**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **1.008**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

			Selected Provisions	
	A.	Total Production Expense	6.22	%
	B.	General Expense	5.37	%
	C.	Taxes, Licenses & Fee	5.28	%
	D.	Underwriting profit & Contingencies*	-0.09	%
	E.	Other (explain)		%
	F.	Total	16.77	%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	83.23
	B.	ELR in Decimal Form =	.8323

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.009
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.910
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.347
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.347

- | | | Yes | No |
|------------|---|-------------------------------------|-------------------------------------|
| 10. | Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	WC AR05954CGR01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI AR-2008-02

		Company Name		Company NAIC Number
3.	A.	Sentry Insurance A Mutual Company	B.	169-24988

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0 Workers Compensation	B.	16.0004 Standard WC

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	-6.9	-4.7	.773	.916	1.252	200	1.252
TOTAL OVERALL EFFECT							

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	56	-2.7	7-1-07	1,048,657	565,459	0.573	0.780
2006	48	-5.5	7-15-06	920,262	527,337	0.686	0.733
2005	46	-2.7	7-1-05	983,089	247,265	0.295	0.691
2004	50	-0.7	7-1-04	690,383	477,988	0.809	0.839
2003	46	-0.5	7-1-03	584,515	145,763	0.277	0.724

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	10.69
B. General Expense	5.05
C. Taxes, License & Fees	5.38
D. Underwriting Profit & Contingencies	-0.09
E. Other (explain)	0.02
F. TOTAL	21.05

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. +9.1 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -31.3 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	WC AR05954CGR01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI AR-2008-02

		Company Name		Company NAIC Number
3.	A.	Middlesex Insurance Company	B.	169-23434

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0 Workers Compensation	B.	16.0004 Standard WC

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	-6.9	-15.2	.773	.916	1.252	200	1.252
TOTAL OVERALL EFFECT							

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	0	-4.3	7-1-07	151	(589)	-4.371	0.523
2006	0	-6.1	7-15-06	1,951	(277)	-0.160	0.558
2005	0	-10.8	7-1-05	4,390	(462)	-0.103	0.529
2004	1	0	7-1-04	3,399	164	0.064	0.555
2003	0	0	7-1-03	2,445	142	0.081	0.516

7.

Expense Constants	Selected Provisions
A. Total Production Expense	10.69
B. General Expense	5.05
C. Taxes, License & Fees	5.38
D. Underwriting Profit & Contingencies	-0.09
E. Other (explain)	0.02
F. TOTAL	21.05

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. -15.2 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	WC AR05954CGR01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI AR-2008-02

		Company Name		Company NAIC Number
3.	A.	Sentry Select Insurance Company	B.	169-21180

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0 Workers Compensation	B.	16.0004 Standard WC

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	-10.2	-10.2	.816	1.008	1.347	200	1.207
TOTAL OVERALL EFFECT							

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	38	0	7-1-07	319,017	(284,544)	-1.074	0.595
2006	51	-5.1	7-15-06	594,134	246,977	0.438	0.708
2005	53	2.7	7-1-05	970,549	450,162	0.472	0.600
2004	71	-8.9	7-1-04	1,058,427	636,687	0.662	0.556
2003	82	9.5	7-1-03	1,112,762	743,717	0.496	-0.01

Expense Constants	Selected Provisions
A. Total Production Expense	6.22
B. General Expense	5.37
C. Taxes, License & Fees	5.28
D. Underwriting Profit & Contingencies	-0.09
E. Other (explain)	
F. TOTAL	16.77

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. +22.6 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -18.6 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

Arkansas Workers' Compensation

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Filing Memorandum **Loss Cost Multiplier Filing** **Effective 07/01/2008**

Purpose

The purpose of this filing is to adopt the 07/01/2008 NCCI loss costs, add a class deviation, and maintain our current LCM of 1.252.

The rate level impact of these changes is -4.7%.

Calculation of Company Loss Cost Multiplier

The formula for the loss cost multiplier (LCM) is as follows:

$$\begin{aligned} \text{LCM} &= \frac{\text{Loss Modification Factor}}{(1 - \text{Premium Discount} - \text{Expenses}) * (1 + \text{Expense Constant})} \\ &= \frac{0.916}{(1 - 0.072 - 0.211) * (1 + 0.019)} = 1.252 \\ \text{Selected LCM} &= 1.252 \end{aligned}$$

Exhibit A: Modifications to Loss Cost Multiplier

Shows the calculation of the loss modification factor.

Exhibit B: Rate Level Indications

Displays Sentry's rate indication and the calculation of our company experience adjustment to our LCM.

Exhibit C: Arkansas Experience

This exhibit shows Sentry's premium and loss information as of 03/31/2008.

Exhibit D: Composition of Premium after Premium Discount & Expense Constant

Details company expenses as a percent of net premium, then recalculates them as a percent of standard premium.

Exhibit E: Company Expenses

Displays Sentry's expenses for 2002 through 2006.

Exhibit F: Investment Income

Presents Sentry's estimated investment earnings on unearned premium reserves and on loss reserves.

Exhibit G: Premium Discount & Expense Constant

Displays the premium discount and expense constant as a percent of premium.

Sentry will continue to use the current Premium Discount Table. The impact of the average premium discount has been incorporated in the calculation of the Indicated Company LCM, as shown above.

Exhibit H: Tax Multipliers

Presents the calculation of our tax multipliers.

Exhibit I: Loss Development

Displays Sentry's incurred loss triangle, as of 03/31/2008, and our selection of loss development factors.

Exhibit J: Class Deviations

Details our current and proposed class deviations.

Minimum Premium Formula

The formula for the minimum premium is [(rate x 195) + expense constant], limited to a maximum of \$950. The minimum premium for per capita classes is (rate + expense constant), with a maximum of \$950.

The minimum premium multiplier, expense constant & maximum minimum premium values have been revised to remain consistent with the current Arkansas minimum premium components.

Arkansas Workers' Compensation**Exhibit A**

Sentry Insurance A Mutual Company
 Middlesex Insurance Company

Modifications to Loss Cost Multiplier

(1) LOSS ADJUSTMENT EXPENSE and LOSS BASED EXPENSES	<u>% of Loss</u>	<u>Factor</u>
LAE included in Advisory Loss Cost (NCCI)	19.3%	1.193
Sentry Loss Adjustment Expense (from Sentry exhibit of expenses, see Exhibit E)	21.8%	1.218
Loss Based Assessments (LBA)	0.00%	1.000
Modification to Loss Cost Multiplier Sentry LAE factor / NCCI LAE factor x LBA factor = $1.218/1.193 \times 1.000$		1.021
(2) TREND		
NCCI Annual Loss Ratio Trend Factor		0.994
Monthly Loss Ratio Trend (linear) = $-0.006 / 12$		-0.0005
Average Date of Loss for Sentry Proposed Rates:		07/01/09
Average Date of Loss for NCCI Advisory Loss Costs:		07/01/09
Months of Additional Trend Needed		0.0
Amount of Additional Trend = $(-0.0005) \times (0.0)$		0.000
Trend Adjustment for LCM = $(1.000 + 0.000)$		1.000
(3) COMBINED ADJUSTMENT FOR LCM		
LAE and LBA Modification	1.021	
Trend	1.000	
Company Experience Adjustment	0.898 (See Exhibit B)	
Market Adjustment	1.000 0.950	
Total	0.916 0.870	

Arkansas Workers' Compensation**Exhibit B**

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Rate Level Indications

				Based on Selected Expenses
I INDICATION BASED ON SENTRY'S EXPERIENCE				
1)	Sentry's Trended Ultimate Loss, LAE, & LBA Ratio	Exhibit C		28.0%
2)	Permissible Loss, LAE, & LBA Ratio			77.3%
3)	Indicated Need Based on Loss Experience	(1) / (2) - 1.000		-63.8%
4)	Credibility = $E / (E + 8,000,000)$	Exhibit C		0.100
	E = 469,872 (4 years of adjusted earned premium)			
	min credibility = 0.100			
<hr/>				
II ONE YEAR LOSS RATIO TREND				
5)	One Year of Trend			-0.6%
6)	Complement of Credibility	[1.0 - (4)]		0.900
<hr/>				
III OVERALL INDICATION				
7)	Credibility Weighted Indication	(3) * (4) + (5) * (6)		-6.9%
8)	Current Loss Cost Multiplier (LCM)			1.252
9)	Expense LCM	[(9a * 9b) / {(1.000 - 9c - 9d) * (1.000 + 9e) }]		1.395
	9a) LAE & LBA Modification	Exhibit A	1.021	
	9b) Trend Adjustment	Exhibit A	1.000	
	9c) Premium Discount	Exhibit D	0.072	
	9d) Expenses	Exhibit D	0.211	
	9e) Expense Constant	Exhibit D	0.019	
10)	Selected Rate Change			-4.7%
	10a) Impact Based on Bureau Loss Costs		-1.9%	
	10b) Change in LCM		0.0%	
	10c) Change in Class Deviations		-2.8%	
	10d) Change in Company Deviations		0.0%	
11)	Selected Loss Cost Multiplier	[{ 1 + (10) } * (8)] / [{ 1 + (10a) } * { 1 + (10c) } * { 1 + (10d) }]		1.252
12)	Company Experience Adjustment Factor	[(11) / (9)]		0.898

Arkansas Workers' Compensation

Exhibit C

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Arkansas Experience

Evaluation Date: 3/31/2008

Premium Development	2004	2005	2006	2007	2008
Direct Earned Premium	92,607	117,646	98,508	182,739	57,695
Current Rate Level Factor	0.905	0.913	0.941	0.989	1.008
MOD On-Level Factor	0.879	0.899	0.913	0.964	1.017
Adjusted Earned Premium	73,623	96,642	84,636	174,229	59,146
Loss Development	2004	2005	2006	2007	2008
Case Incurred Losses	40,732	18,888	4,220	23,532	1,098
Loss Development Factors *	1.088	1.142	1.280	1.656	3.126
Loss Trend	0.970	0.976	0.982	0.988	0.992
Law Amendment Factors	1.036	1.033	1.026	1.027	1.000
Adjusted Incurred Losses	44,557	21,761	5,443	39,539	3,404

Loss Ratio Selection	2004	2005	2006	2007	2008
Loss Ratio	60.5%	22.5%	6.4%	22.7%	5.8%
Loss Ratio Weights	16.0%	29.0%	31.0%	20.0%	4.0%
Loss Ratio Averages	5th yr	4th yr	3rd yr	2nd yr	1st yr
Loss Ratio	23.5%	16.9%	15.2%	18.4%	5.8%

5 year Wtd Avg	Selected
23.0%	23.0%

Selected Loss Ratio	23.0%
LAE Factor (% of Ultimate Loss)	21.8%
LBA Factor (% of Ultimate Loss)	0.0%
Arkansas's Trended Ultimate Loss, LAE, & LBA Ratio	28.0%

* Loss Development Factors

See Exhibit I

Arkansas Workers' Compensation**Exhibit D**

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Composition Of Premium After Premium Discount & Expense Constant (Net)

Commission & Other Acquisition *	11.52%
General *	5.44%
Arkansas WC Taxes & Assessments ++	
Premium Tax	2.50%
WC Fund	1.55%
2nd Injury Fund	0.25%
Death & Perm Total Disability	1.20%
Misc	0.30%
 Total	 5.80%
Residual Market	0.00%
Dividends	0.02%
Profit & Contingencies (Net of Investment Income) **	-0.10%
 Subtotal	 22.68%
 Loss & Loss Expense Allowance	 77.32%
 TOTAL	 100.00%

* See attached Exhibit E - selected average excl C/W avg tax & assessments

++ NCCI Tax & Assessment Directory

** See attached Exhibit F: Investment Income

Net Expenses Restated As A Percent Of Standard Premium

	Net	Premium Discount **	Expense Constant *	Standard
Comm & Oth Acq	11.52%	4.87%	0.00%	10.69%
General	5.44%	2.30%	1.94%	5.05%
Taxes	5.80%	0.00%	0.00%	5.38%
Residual Market	0.00%	0.00%	0.00%	0.00%
Dividends	0.02%	0.00%	0.00%	0.02%
Profit (net of II)	-0.10%	0.00%	0.00%	-0.09%
 Total	 22.68%	 7.16%	 1.94%	 21.05%

* Premium from \$200 Expense Constant.

** Average Premium Discount (Exhibit G)

**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY
PATRIOT GENERAL INSURANCE COMPANY**

Exhibit E

COUNTRYWIDE EXPENSE INFORMATION WORKSHEET (000'S omitted)

WORKERS COMPENSATION

All expense items are from the Insurance Expense Exhibit

	2002	2003	2004	2005	2006
1. Direct Written Premium	269,935	320,816	337,595	377,301	361,094
2. Direct Earned Premium	225,924	299,216	325,558	366,317	364,706
3. Incurred Losses	150,553	187,552	231,137	220,194	232,196
4. ALAE incurred	15,333	18,811	27,900	22,546	24,937
5. ULAE Paid *	13,320	15,943	19,533	25,265	28,603
6. Direct Commission & Brokerage Inc	6,693	7,372	8,578	8,743	9,231
7. Other Acquisition Incurred	20,231	25,028	29,818	33,043	34,518
8. General Expenses Incurred	9,871	14,516	17,695	21,100	18,658
9. Taxes, licenses and fees Incurred	6,141	7,477	9,343	8,962	8,165
10. Other Assessments	-	-	-	-	-
11. Total Underwriting Expenses [(6) + (7) + (8) + (9)]	42,936	54,393	65,434	71,848	70,572

Selected Taxes based on estimated Arkansas burden, not the countrywide average

	2002	2003	2004	2005	2006	5-Yr Avg	3-Yr Avg	Selected
12. Commission & Brokerage [(6) / (1)]	2.5%	2.3%	2.5%	2.3%	2.6%	2.4%	2.5%	2.5%
13. Other Acquisition [(7) / (1)]	7.5%	7.8%	8.8%	8.8%	9.6%	8.6%	9.1%	9.1%
14. General Expenses [(8) / (2)]	4.4%	4.9%	5.4%	5.8%	5.1%	5.2%	5.4%	5.4%
15. Taxes, Licenses and Fees (CW) [(9) / (1)]	2.3%	2.3%	2.8%	2.4%	2.3%	2.4%	2.5%	5.8%
16. Other Assessments [(10) / (1)]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
17. Total Underwriting Expenses [(12)+(13)+(14)+(15)+(16)]	16.6%	17.3%	19.6%	19.2%	19.5%	18.6%	19.4%	22.8%

Dividends and Residual Market percentages based on Arkansas estimations

18. Dividend Ratio	0.02%
19. Residual Market Burden	0.00%
20. Total (18) + (19)	0.02%

Investment Income is based on Sentry Calendar Year Investment Income Model

21. Profit & Contingency Provision	2.5%
22. Investment Income	2.6%
23. Net Profit & Contingency Provision [(21) - (22)]	-0.1%
24. Total Expense, Profit & Cont, Dividends, Residual Market [(17) + (20) + (23)]	22.7%
25. Expected Loss Ratio [100% - (24)]	77.3%

Sentry LAE numbers are based on IEE data

	2002	2003	2004	2005	2006	5-Yr Avg	3-Yr Avg	Selected
26. ALAE Incurred (% of Losses) [(4) / (3)]	10.2%	10.0%	12.1%	10.2%	10.7%	10.7%	11.0%	11.0%
27. ULAE Paid (% of Losses) [(5) / (3)]	8.8%	8.5%	8.5%	11.5%	12.3%	10.0%	10.7%	10.7%
28. Total LAE Incurred (% of Losses) [(26) + (27)]	19.0%	18.5%	20.5%	21.7%	23.1%	20.8%	21.8%	21.8%

* ULAE Paid include adjustments for pensions to put each year on an equal basis.

SENTRY INS. A MUTUAL CO. / MIDDLESEX INS. CO. / PATRIOT GENERAL INS. CO.

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

A. Unearned Premium Reserve

1. Direct Earned Premium for Calendar Year 2006	364,706,016
2. a. Unearned to Earned Premium Ratio	0.451
b. Mean Unearned Premium Reserve (1)*(2.a)	164,476,050
3. Deduction for Prepaid Expenses	
a. Commission and Brokerage Expense	2.5%
b. Taxes, Licenses and Fees	5.8%
c. 50% of General & Other Acquisition Expense	<u>7.3%</u>
d. Total	15.5%
4. Deduction for Federal Taxes Payable	7.0%
5. Total Deduction (2.b)*[(3.d)+(4)]	37,034,524
6. Net Subject to Investment (2.b)-(5)	127,441,526

B. Delayed Remission of Premiums (Agent's Balances)

1. Average Agent's Balances	0.047
2. Delayed Remission (A.1)*(B.1)	16,973,259

C. Loss Reserve

1. Expected Incurred Loss and LAE Ratio	0.722
2. Expected Ratio of Loss and LAE Reserve to Incurred Losses	2.469
3. Expected Mean Loss Reserves (A.1)*(C.1)*(C.2)	650,516,438

D. Investment Return

1. Net Subject to Investment (A.6)-(B.2)+(C.3)	760,984,705
2. Average Rate of Return	1.90%
3. Investment Earnings on Net Subject to Investment (1)*(2)	14,466,319
4. Ratio of Investment Earnings to Earned Premium (D.3)/(A.1)	3.97%
5. Adjustment for Federal Income Taxes	0.650
6. Investment Income After Federal Income Tax (4)*(5)	2.6%

SENTRY INS. A MUTUAL CO. / MIDDLESEX INS. CO. / PATRIOT GENERAL INS. CO.

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line A.1

Direct earned premiums are the total limits earned premiums for Workers Comp for the latest year are found on Page 14 of the Annual Statement, Line 16.

Line A.2

The mean unearned premium reserve is determined by multiplying the direct earned premiums in line A.1 by the countrywide ratio of the mean unearned premium reserve to the net earned premium for the latest year for Workers Comp Insurance.

2006 Ratio

1. Net Earned Premium for 2006, [A.S., p.6, Part 1, col 4, line (16)]	255,629,850
2. Unearned Premium Reserve @ 12/31/2005, [2006 A.S. p.6, Part 1, col 2, line (16)]	129,911,209
3. Unearned Premium Reserve @ 12/31/2006, [2006 A.S. p.6, Part 1, col 3, line (16)]	<u>113,315,555</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	121,613,382
5. Ratio. ((4) / (1))	0.476

2005 Ratio

1. Net Earned Premium for 2005, [A.S., p.6, Part 1, col 4, line (16)]	289,100,751
2. Unearned Premium Reserve @ 12/31/2004, [2005 A.S. p.6, Part 1, col 2, line (16)]	123,157,117
3. Unearned Premium Reserve @ 12/31/2005, [2005 A.S. p.6, Part 1, col 3, line (16)]	<u>129,911,209</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	126,534,163
5. Ratio. ((4) / (1))	0.438

2004 Ratio

1. Net Earned Premium for 2004, [A.S., p.6, Part 1, col 4, line (16)]	270,805,936
2. Unearned Premium Reserve @ 12/31/2003, [2004 A.S. p.6, Part 2, col 2, line (16)]	116,133,291
3. Unearned Premium Reserve @ 12/31/2004, [2004 A.S. p.6, Part 2, col 3, line (16)]	<u>123,157,117</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	119,645,204
5. Ratio. ((4) / (1))	0.442

Three Year Average Ratio (2004 - 2006): Sum of (4)'s / Sum of (1)'s	0.451
---	-------

Line A.3

Production costs and a large part of the other company expenses in connection with the writing and handling of Workers Comp Insurance policies, exclusive of claim adjustment expenses, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedures as shown.

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>3-year Average</u>	<u>Prospective Provisions</u>
a. Commission & Brokerage Expense	2.5%	2.3%	2.6%	2.5%	2.5%
b. Taxes, Licenses and Fees	2.8%	2.4%	2.3%	2.5%	5.8%
c. Other Expenses	<u>14.2%</u>	<u>14.6%</u>	<u>14.7%</u>	<u>14.5%</u>	<u>14.5%</u>
d. Total Prepaid Expenses	19.5%	19.3%	19.6%	19.5%	22.8%

Line A.4

The Tax Reform Act of 1986 taxes 20% of the unearned premium reserve. At a corporate tax rate of 35%, this tax equals (.20 * .35) = 7.00%

SENTRY INS. A MUTUAL CO. / MIDDLESEX INS. CO. / PATRIOT GENERAL INS. CO.

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line B.1

The deduction for delayed remission of premium is necessary because of delayed collection and remission of premium to the companies beyond the effective dates of the policies. Funds for the unearned premium reserve required during the initial days of all policies must be taken from the company's surplus.

2006 Ratio

a. Net Earned Premium for 2006 - (A.S., p.6, Part 1, col 4, line 34)	1,308,862,351
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2005 - [2006 A.S., p.2, col 4, line 13.1]	52,380,727
c. Net Agents' Balances @12/31/2006 - [2006 A.S., p.2, col 4, line 13.1]	<u>52,400,838</u>
d. Mean Agents' Balances [(b) + (c)] / 2	52,390,783
e. Ratio to Net Earned Premiums	<u>0.040</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 3, line 12.1]	6,091,140
g. Net Agents' Balances @12/31/2006 - [2006 A.S., p.2, col 3, line 13.1]	<u>3,806,506</u>
h. Mean Agents' Balances [(f) + (g)] / 2	4,948,823
i. Ratio to Net Earned Premiums	<u>0.004</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.044</u>

2005 Ratio

a. Net Earned Premium for 2005 - (A.S., p.6, Part 1, col 4, line 34)	1,229,816,991
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2004 - [2005 A.S., p.2, col 4, line 12.1]	50,970,647
c. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 4, line 12.1]	<u>52,380,727</u>
d. Mean Agents' Balances [(b) + (c)] / 2	51,675,687
e. Ratio to Net Earned Premiums	<u>0.042</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 3, line 10.1]	5,828,507
g. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 3, line 12.1]	<u>6,091,140</u>
h. Mean Agents' Balances [(f) + (g)] / 2	5,959,824
i. Ratio to Net Earned Premiums	<u>0.005</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.047</u>

2004 Ratio

a. Net Earned Premium for 2004 - (A.S., p.6, Part 1, col 4, line 34)	1,175,851,523
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2003 - [2004 A.S., p.2, col 4, line 10.1]	54,729,048
c. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 4, line 10.1]	<u>50,970,647</u>
d. Mean Agents' Balances [(b) + (c)] / 2	52,849,848
e. Ratio to Net Earned Premiums	<u>0.045</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2003 - [2003 A.S., p.2, col 3, line 10.1]	3,575,538
g. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 3, line 10.1]	<u>5,828,507</u>
h. Mean Agents' Balances [(f) + (g)] / 2	4,702,023
i. Ratio to Net Earned Premiums	<u>0.004</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.049</u>

Three Year Average of Agents' Balances Admitted (2004 - 2006)	0.042
Three Year Average of Agents' Balances Non-Admitted (2004 - 2006)	<u>0.004</u>
Three Year Average of Total Agents' Balances (2004 - 2006)	<u>0.047</u>

SENTRY INS. A MUTUAL CO. / MIDDLESEX INS. CO. / PATRIOT GENERAL INS. CO.

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line C.1

The expected loss and loss adjustment ratio reflects the expense provisions and profit used in the filing.

Line C.2

The expected mean loss reserve is equal to the product of the direct earned premium, the expected incurred loss and LAE ratio, and the average countrywide ratio of the mean loss and loss adjustment reserves to the incurred losses and loss adjustment expenses for the two most recent calendar year for Workers Comp Insurance.

This ratio includes an adjustment for the estimated Federal Income Taxes payable due to discounting for loss reserves.

2006 Ratio

1. Incurred Losses and LAE for 2005 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	198,900,698
2. Incurred Losses and LAE for 2006 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	135,725,470
3. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	536,410,997
4. Loss and LAE Reserves @12/31/2005 - [A.S., p.10, col 8 + col 9, line (16)]	580,236,835
5. Loss and LAE Reserves @12/31/2006 - [A.S., p.10, col 8 + col 9, line (16)]	<u>568,825,625</u>
6. Mean Loss and LAE Reserve for 2005: [(3) + (4)] / 2	558,323,916
7. Mean Loss and LAE Reserve for 2006: [(4) + (5)] / 2	574,531,230
8. Ratio of Mean Loss Reserve for 2005: (6) / (1)	2.807
9. Ratio of Mean Loss Reserve for 2006: (7) / (2)	4.233
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	3.520
11. Estimated Reserve Discount.	10.48%
12. Federal Taxes Payable. (11) * .35	0.037
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	3.390

2005 Ratio

1. Incurred Losses and LAE for 2004 - [A.S., p.10, col 7 + IEE, c5+6 - line (16)]	229,312,859
2. Incurred Losses and LAE for 2005 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	198,900,698
3. Loss and LAE Reserves @12/31/2003 - [A.S., p.10, col 8 + col 9, line (16)]	450,665,174
4. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	536,410,997
5. Loss and LAE Reserves @12/31/2005 - [A.S., p.10, col 8 + col 9, line (16)]	<u>580,236,835</u>
6. Mean Loss and LAE Reserve for 2004: [(3) + (4)] / 2	493,538,086
7. Mean Loss and LAE Reserve for 2005: [(4) + (5)] / 2	558,323,916
8. Ratio of Mean Loss Reserve for 2004: (6) / (1)	2.152
9. Ratio of Mean Loss Reserve for 2005: (7) / (2)	2.807
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	2.480
11. Estimated Reserve Discount.	11.50%
12. Federal Taxes Payable. (11) * .35	0.040
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	2.381

2004 Ratio

1. Incurred Losses and LAE for 2003 - [A.S., p.10, col 7 + IEE, c.5+6 - line (16)]	203,357,972
2. Incurred Losses and LAE for 2004 - [A.S., p.10, col 7 + IEE, c5+6 - line (16)]	229,312,859
3. Loss and LAE Reserves @12/31/2002 - [A.S., p.10, col 8 + col 9, line (16)]	374,523,225
4. Loss and LAE Reserves @12/31/2003 - [A.S., p.10, col 8 + col 9, line (16)]	450,665,174
5. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	<u>536,410,997</u>
6. Mean Loss and LAE Reserve for 2003: [(3) + (4)] / 2	412,594,200
7. Mean Loss and LAE Reserve for 2004: [(4) + (5)] / 2	493,538,086
8. Ratio of Mean Loss Reserve for 2003: (6) / (1)	2.029
9. Ratio of Mean Loss Reserve for 2004: (7) / (2)	2.152
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	2.091
11. Estimated Reserve Discount.	12.32%
12. Federal Taxes Payable. (11) * .35	0.043
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	2.001

Three Year Average Ratio (2004 - 2006)	2.469
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SENTRY INS. A MUTUAL CO. / MIDDLESEX INS. CO. / PATRIOT GENERAL INS. CO.

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line D.2

The rate of return is the ratio of net investment income earned to mean cash and invested assets.

	Net Investment Income Earned (A.S., p.4, l.8)	Cash and Invested Assets (A.S., p.2, l.9.)	Mean Cash and Invested Assets	Rate of Return
2001	188,827,897	3,229,297,949	1,614,648,975	11.69%
2002	176,791,815	3,154,158,373	3,191,728,161	5.54%
2003	158,044,526	3,404,189,930	3,279,174,152	4.82%
2004	149,194,676	3,723,946,210	3,564,068,070	4.19%
2005	169,200,362	3,863,373,877	3,793,660,044	4.46%
2006	158,584,158	4,128,640,452	3,996,007,165	3.97%
Comb.	811,815,537		17,824,637,591	4.55%
			Selected ROR	1.901%

* \$242 million in dividends paid from affiliated companies in 1995 was excluded from this analysis as it is not representative of future income.

Line D.5

The average rate of Federal Income Tax was determined by applying the appropriate tax rates to the distribution of investment income earned. (Source: A.S., p.6, Part 1, col.8.)

Type of Investment Income	Investment Income Earned	Investment Inc. Subj. to Tax	Tax Rate	Federal Income Tax
Bonds exempt from U.S. tax (line 1.1)	56,727,015	8,224,014	35.0%	2,878,405
Stocks (unaffiliated) (lines 2.1+2.2)	11,890,134	1,237,143	35.0%	433,000
Sub-Total	68,617,149	9,461,157		3,311,405
Bonds of affiliates (line 1.3)	0	0	35.0%	0
Total subject to proration	68,617,149	9,461,157		3,311,405
U.S. Government Bonds (line 1)	20,372,854	20,128,956	35.0%	7,045,135
Other Bonds (unaffiliated) (line 1.2)	53,328,625	52,628,453	35.0%	18,419,959
Stocks of Affiliates (lines 2.11+2.21)	6,500,000	0	35.0%	0
Mortgage Loans (line 3)	0	0	35.0%	0
Real Estate (line 4)	11,519,340	11,519,340	35.0%	4,031,769
Short Term Investments (line 6.2)	5,810,183	5,810,183	35.0%	2,033,564
All other (Aggr write-in Misc Income)	12,274,624	12,274,624	35.0%	4,296,118
Total *	178,422,775	111,822,713		39,137,950

a. Federal Income Tax on Investment Income	39,137,950
b. Investment Income Earned	178,422,775
c. Federal Income Tax Rate (a./b.)	21.94%

* Reconciliation to Annual Statement

Investment income earned per A.S.	178,422,775
Add interest expense included in aggregate write-ins	0
Less affiliated dividends	0
Rounding	0
Total investment income	178,422,775

Arkansas Workers' Compensation

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Exhibit G

Average Premium Discount

A	B	C	D	E = D / B	F Avg Standard Premium	G = B x F	H	I
Premium Range	# of Policies	Annual Premium	Net Premium	Avg Net Premium	Standard Premium	Standard Premium	Table 7 % PD	\$ PD on Avg Prem
0 - 5,000	5,377	12,309,708	11,234,308	2,089	2,089	11,234,308	0.0%	0
5,001 - 100,000	4,890	79,256,967	78,278,967	16,008	17,355	84,864,104	10.9%	1,347
100,001 - 500,000	52	8,654,299	8,643,899	166,229	187,625	9,756,475	12.6%	21,396
over 500,000	1	517,257	517,057	517,057	590,902	590,902	14.4%	73,845
	10,320	100,738,231	98,674,231	9,561		106,445,789	7.16%	

Expense Constant as % of Standard Premium

	Current	Proposed
(1) Expense Constant	180	200
(2) Total # Policies = Total B Above	10,320	10,320
(3) Expense Constant Premium	1,857,600	2,064,000
(4) Standard Premium = Total G Above	106,445,789	106,445,789
(5) Expense Constant Premium as % of Standard Premium = (3) / (4)	1.75%	1.94%

Arkansas Workers' Compensation**Exhibit H**

Sentry Insurance A Mutual Company
 Middlesex Insurance Company

Eff date of filing: July 1, 2008

Tax Multiplier

Expenses & Dividends (% of premium):

U/W Expenses (excl tax & assmt)	16.96%
Premium Tax	2.50%
WC Fund	1.55%
2nd Injury Fund	0.25%
Death & Perm Total Disability	1.20%
Misc	0.30%
Residual Market	0.00%
TAXES & ASSMTS	5.80%
TOTAL U/W EXPENSES	22.76%
Profit & Contingencies (net of II)	-0.10%
Dividends	0.02%
TOTAL EXPENSES & DIVIDENDS	22.68%
TARGET COST RATIO	77.32%
PERMISSIBLE LOSS RATIO	63.50%

Loss Adjustment Expenses &
 Other Expenses (% of losses):

Loss Adjustment Expenses	21.77%
Loss Based Assessments	0.00%
TOTAL EXPENSES TO LOSSES	21.77%

TAX MULTIPLIERS:

$$T = \frac{0.2 + (\text{Permissible L/R} * (1 + \text{Loss Based Assessments}))}{(0.2 + \text{Permissible L/R} * [1.000 - (\text{Taxes \& Assmts as \% of Premium})]}$$

State Multiplier:

$$T = \frac{0.2 + ((0.635) * (1+0.000))}{(0.2 + 0.6350)*(1.0000-0.0580)}$$

$$= 1.062$$

Federal Multiplier:

$$\begin{aligned} \text{Federal Assessment} &= 1.138 \\ \text{Federal Weight} &= 0.711 \\ \text{Weighted Federal Assmt} &= 1.138 * 0.711 * 1.000 * 0.289 - 1.000 = 0.098 \\ \text{Federal Permissible Loss Ratio} &= 0.7732 / (1.00 + 0.218 + 0.098) = 0.588 \end{aligned}$$

$$T = \frac{0.2 + 0.646}{(0.2 + 0.588) * (1.000 - 0.058)}$$

$$= 1.140$$

Exhibit I

STANDARD BUSINESS PRODUCTS

Total Losses After Adjustment to CA Paid Medical Losses for SB 228 and Medical Utilization Impacts*

[illegible][illegible]

3 Yr avg	8.070	1.275	1.119	1.050	1.002	1.016	1.005	1.009	1.007	1.008	1.009	1.006	1.006
5 Yr avg	9.611	1.304	1.119	1.047	1.006	1.017	1.008	1.014	1.006	1.010	1.009	1.004	1.006
Avg All Yrs	10.998	1.320	1.099	1.049	1.014	1.014	1.008	1.016	1.006	1.010	1.009	1.004	1.006
Avg 5 x Hi&Lo	9.356	1.305	1.120	1.048	1.007	1.018	1.010	1.013	1.006	1.011	1.007	1.004	0.997
Avg All x Hi&Lo	11.001	1.304	1.101	1.048	1.016	1.015	1.008	1.016	1.006	1.011	1.007	1.004	0.997
dollar wtd	9.908	1.313	1.103	1.049	1.014	1.014	1.007	1.015	1.007	1.010	1.008	1.004	1.005
Wtd avg last 3	7.550	1.283	1.122	1.056	1.004	1.017	1.002	1.008	1.006	1.010	1.011	1.004	1.011
Wtd avg last 5	8.509	1.293	1.121	1.050	1.006	1.016	1.006	1.011	1.006	1.010	1.010	1.004	1.011
Selected	7.550	1.293	1.121	1.050	1.006	1.017	1.006	1.011	1.006	1.010	1.009	1.004	1.006
	7.550	1.293	1.121	1.050	1.006	1.017	1.006	1.011	1.006	1.010	1.009	1.004	1.006

All Company	3:ULT	15:ULT	27:ULT	39:ULT	51:ULT	63:ULT	75:ULT	87:ULT	99:ULT	111:ULT	123:ULT	135:ULT	147:ULT	159:ULT		
3 Yr avg	13.034	1.615	1.267	1.132	1.078	1.075	1.058	1.053	1.044	1.036	1.028	1.019	1.013	1.007		
5 Yr avg	16.008	1.666	1.277	1.142	1.090	1.083	1.066	1.057	1.043	1.036	1.026	1.017	1.013	1.006		
Avg All Yrs	18.350	1.668	1.264	1.151	1.097	1.082	1.067	1.059	1.043	1.036	1.026	1.017	1.013	1.006		
Avg 5 x Hi&Lo	15.432	1.650	1.264	1.129	1.078	1.071	1.052	1.042	1.029	1.022	1.011	1.005	1.000	1.003		
Avg All x Hi&Lo	17.987	1.635	1.254	1.138	1.086	1.070	1.054	1.045	1.029	1.022	1.011	1.005	1.000	1.003		
dollar wtd	16.477	1.663	1.267	1.148	1.094	1.080	1.065	1.057	1.041	1.034	1.024	1.015	1.011	1.006		
Wtd avg last 3	12.456	1.650	1.285	1.145	1.084	1.080	1.062	1.060	1.051	1.045	1.035	1.024	1.019	1.009		
Wtd avg last 5	14.143	1.662	1.285	1.147	1.092	1.085	1.068	1.062	1.051	1.044	1.034	1.023	1.019	1.008		
Company Calc	12.502	1.656	1.280	1.142	1.088	1.081	1.063	1.057	1.046	1.039	1.029	1.020	1.016	1.010		
												Sentry Tail:	1.019			
												Sqr root Sentry Tail:	1.010			
State LDFs	12.502	1.656	1.280	1.142	1.088	1.081	1.063	1.057								
Selected	12.502	1.656	1.280	1.142	1.088	1.081	1.063	1.057								
Adjusted (stub yr)	3.126	1.656	1.280	1.142	1.088	1.081	1.063	1.057								

* Medical paid losses prior to January 1, 2004 were reduced by 9.4% to reflect the impact of the SB 228 fee schedule changes. Pre July 1, 2004 medical paid losses were reduced by 25% for accident year 2004, 20% for accident year 2003, 15% for accident year 2002, 10% for accident year 2001, and 5% for accident year 2000 to reflect the impact of legislative changes to utilization. These adjustment percentages are those used by WCIRB in their Jan 1, 2008 Pure Premium Rate Filing.

Arkansas Workers' Compensation**Exhibit J**

Sentry Insurance A Mutual Company
Middlesex Insurance Company

Class Deviations

We are filing the following class deviation which reflects our current marketing strategies.

<u>Class Code</u>	<u>Description</u>	<u>Current Deviation</u>	<u>Proposed Deviation</u>
3632	Machine Shop NOC	0.0%	-5.0%

Arkansas Workers' Compensation

Sentry Select Insurance Company

Filing Memorandum **Loss Cost Multiplier Filing** **Effective 07/01/2008**

Purpose

The purpose of this filing is to adopt the 07/01/2008 NCCI loss costs and revise our LCM from 1.207 to 1.347. The rate level impact of these changes is -10.2%.

Calculation of company loss cost multiplier

The formula for the loss cost multiplier (LCM) is as follows:

$$\begin{aligned} \text{LCM} &= \frac{\text{Loss Modification Factor}}{(1 - \text{Premium Discount} - \text{Expenses}) * (1 + \text{Expense Constant})} \\ &= \frac{1.008}{(1 - 0.090 - 0.168) * (1 + 0.009)} = 1.347 \\ \text{Selected LCM} &= 1.347 \end{aligned}$$

Exhibit A: Modifications to Loss Cost Multiplier

Describes the modifier.

Exhibit B: Composition of Premium after Premium Discount & Expense Constant

Details company expenses as a percent of net premium, then recalculates them as a percent of standard premium.

Exhibit C: Company Expenses

Displays Sentry Select's expenses for 2002 through 2006.

Exhibit D: Investment Income

Presents Sentry Select's estimated investment earnings on unearned premium reserves and on loss reserves.

Exhibit E: Premium Discount & Expense Constant

Displays the premium discount and expense constant as a percent of premium.

Sentry Select will continue to use the current Premium Discount Table. The impact of the average premium discount has been incorporated in the calculation of the Indicated Company LCM, as shown above.

Exhibit F: Tax Multipliers

Presents the calculation of our tax multipliers.

Minimum Premium Formula

The formula for the minimum premium is [(rate x 195) + expense constant], limited to a maximum of \$950. The minimum premium for per capita classes is (rate + expense constant), with a maximum of \$950.

The minimum premium multiplier & maximum minimum premium values have been revised to remain consistent with the current Arkansas minimum premium components.

Sentry Select Insurance Company

Modifications to Loss Cost Multiplier

(1)	LOSS ADJUSTMENT EXPENSE and LOSS BASED EXPENSES	<u>% of Loss</u>	<u>Factor</u>
	LAE included in Advisory Loss Cost (NCCI)	19.3%	1.193
	Sentry Select's Loss Adjustment Expense (from Sentry Select's exhibit of expenses, see Exhibit C)	20.3%	1.203
	Loss Based Assessments (LBA)	0.00%	1.000
	Modification to Loss Cost Multiplier Sentry Select's LAE factor / NCCI LAE factor x LBA factor = $1.203/1.193 \times 1.000 =$		1.008
(2)	TREND		
	NCCI Annual Loss Ratio Trend Factor		0.994
	Monthly Loss Ratio Trend (linear) = $-0.006 / 12$		-0.0005
	Average Date of Loss for Sentry Select's Proposed Rates:		07/01/09
	Average Date of Loss for NCCI Advisory Loss Costs:		07/01/09
	Months of Additional Trend Needed		0.0
	Amount of Additional Trend = $(-0.0005) \times (0.0)$		0.000
	Trend Adjustment for LCM = $(1.000 + 0.000)$		1.000
(3)	COMBINED ADJUSTMENT FOR LCM		
	LAE and LBA Modification	1.008	
	Trend	<u>1.000</u>	
	Total		1.008

Arkansas Workers' Compensation**Exhibit B**

Sentry Select Insurance Company

Composition Of Premium After Premium Discount & Expense Constant (Net)

Commission & Other Acquisition *	6.83%
General *	5.90%
Arkansas WC Taxes & Assessments ++	
Premium Tax	2.50%
WC Fund	1.55%
2nd Injury Fund	0.25%
Death & Perm Total Disability	1.20%
Misc	0.30%
Total	5.80%
Residual Market	0.00%
Dividends	0.00%
Profit & Contingencies (Net of Investment Income) **	-0.10%
Subtotal	18.43%
Loss & Loss Expense Allowance	81.57%
TOTAL	100.00%

* See attached Exhibit C - selected average excl C/W avg tax & assessments

++ NCCI Tax & Assessment Directory

** See attached Exhibit D: Investment Income

Net Expenses Restated As A Percent Of Standard Premium

	Net	Premium Discount **	Expense Constant *	Standard
Comm & Oth Acq	6.83%	4.84%	0.00%	6.22%
General	5.90%	4.18%	0.85%	5.37%
Taxes	5.80%	0.00%	0.00%	5.28%
Residual Market	0.00%	0.00%	0.00%	0.00%
Dividends	0.00%	0.00%	0.00%	0.00%
Profit (net of II)	-0.10%	0.00%	0.00%	-0.09%
Total	18.43%	9.03%	0.85%	16.77%

* Premium from \$200 Expense Constant.

** Average Premium Discount (Exhibit E)

SENTRY SELECT INSURANCE COMPANY

Exhibit C

COUNTRYWIDE EXPENSE INFORMATION WORKSHEET (000'S omitted)

WORKERS COMPENSATION

All expense items are from the Insurance Expense Exhibit

	2002	2003	2004	2005	2006
1. Direct Written Premium	65,035	84,820	83,075	71,905	53,608
2. Direct Earned Premium	58,071	76,971	84,794	75,358	58,401
3. Incurred Losses	43,496	77,784	54,480	43,618	38,726
4. ALAE incurred	4,970	4,846	3,856	1,605	2,617
5. ULAE Paid *	5,100	5,545	5,309	6,403	6,731
6. Direct Commission & Brokerage Inc	(71)	371	305	367	232
7. Other Acquisition Incurred	5,964	5,727	4,644	4,731	3,374
8. General Expenses Incurred	4,857	5,020	4,731	4,516	3,464
9. Taxes, licenses and fees Incurred	1,410	1,915	2,068	1,496	1,190
10. Other Assessments	-	-	-	-	-
11. Total Underwriting Expenses [(6) + (7) + (8) + (9)]	12,160	13,033	11,748	11,110	8,260

Selected Taxes based on estimated Arkansas burden, not the countrywide average

	2002	2003	2004	2005	2006	5-Yr Avg	3-Yr Avg	Selected
12. Commission & Brokerage [(6) / (1)]	-0.1%	0.4%	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%
13. Other Acquisition [(7) / (1)]	9.2%	6.8%	5.6%	6.6%	6.3%	6.8%	6.1%	6.4%
14. General Expenses [(8) / (2)]	8.4%	6.5%	5.6%	6.0%	5.9%	6.4%	5.8%	5.9%
15. Taxes, Licenses and Fees (CW) [(9) / (1)]	2.2%	2.3%	2.5%	2.1%	2.2%	2.3%	2.3%	5.8%
16. Other Assessments [(10) / (1)]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
17. Total Underwriting Expenses [(12)+(13)+(14)+(15)+(16)]	19.6%	16.0%	14.0%	15.2%	14.9%	15.8%	14.6%	18.5%

Dividends and Residual Market percentages based on Arkansas estimations

18. Dividend Ratio	0.00%
19. Residual Market Burden	0.00%
20. Total (18) + (19)	0.00%

Investment Income is based on Sentry Select's Calendar Year Investment Income Model

21. Profit & Contingency Provision (Net of Investment Income)	2.5% Profit - 2.6% Investment Income	-0.1%
22 Total Expense, Profit & Cont, Dividends, Residual Market [(17) + (20) + (21)]		18.4%
23 Expected Loss Ratio [100% - (22)]		81.57%

Sentry LAE numbers are based on IEE data;

	2002	2003	2004	2005	2006	5-Yr Avg	3-Yr Avg	Selected
26. ALAE Incurred (% of Losses) [(4) / (3)]	11.4%	6.2%	7.1%	3.7%	6.8%	6.9%	5.9%	6.8%
27. ULAE Paid (% of Losses) [(5) / (3)]	11.7%	7.1%	9.7%	14.7%	17.4%	11.3%	13.5%	13.5%
28. Total LAE Incurred (% of Losses) [(26) + (27)]	23.2%	13.4%	16.8%	18.4%	24.1%	18.2%	19.4%	20.3%

* ULAE Paid include adjustments for pensions to put each year on an equal basis.

SENTRY SELECT INSURANCE COMPANY

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

A. Unearned Premium Reserve

1. Direct Earned Premium for Calendar Year 2006	58,401,050
2. a. Unearned to Earned Premium Ratio	0.446
b. Mean Unearned Premium Reserve (1)*(2.a)	26,022,512
3. Deduction for Prepaid Expenses	
a. Commission and Brokerage Expense	0.4%
b. Taxes, Licenses and Fees	5.8%
c. 50% of General & Other Acquisition Expense	<u>6.2%</u>
d. Total	12.4%
4. Deduction for Federal Taxes Payable	7.0%
5. Total Deduction (2.b)*[(3.d)+(4)]	5,044,030
6. Net Subject to Investment (2.b)-(5)	20,978,481

B. Delayed Remission of Premiums (Agent's Balances)

1. Average Agent's Balances	0.142
2. Delayed Remission (A.1)*(B.1)	8,312,950

C. Loss Reserve

1. Expected Incurred Loss and LAE Ratio	0.765
2. Expected Ratio of Loss and LAE Reserve to Incurred Losses	2.387
3. Expected Mean Loss Reserves (A.1)*(C.1)*(C.2)	106,594,878

D. Investment Return

1. Net Subject to Investment (A.6)-(B.2)+(C.3)	119,260,409
2. Average Rate of Return	1.93%
3. Investment Earnings on Net Subject to Investment (1)*(2)	2,300,533
4. Ratio of Investment Earnings to Earned Premium (D.3)/(A.1)	3.94%
5. Adjustment for Federal Income Taxes	0.650
6. Investment Income After Federal Income Tax (4)*(5)	2.6%

SENTRY SELECT INSURANCE COMPANY

WORKERS COMP

COUNTRYWIDE

Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line A.1

Direct earned premiums are the total limits earned premiums for Workers Comp for the latest year are found on Page 14 of the Annual Statement, Line 16.

Line A.2

The mean unearned premium reserve is determined by multiplying the direct earned premiums in line A.1 by the countrywide ratio of the mean unearned premium reserve to the net earned premium for the latest year for Workers Comp Insurance.

2006 Ratio

1. Net Earned Premium for 2006, [A.S., p.6, Part 1, col 4, line (16)]	39,327,669
2. Unearned Premium Reserve @ 12/31/2005, [2006 A.S. p.6, Part 1, col 2, line (16)]	18,558,744
3. Unearned Premium Reserve @ 12/31/2006, [2006 A.S. p.6, Part 1, col 3, line (16)]	<u>17,433,162</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	17,995,953
5. Ratio. ((4) / (1))	0.458

2005 Ratio

1. Net Earned Premium for 2005, [A.S., p.6, Part 1, col 4, line (16)]	41,300,108
2. Unearned Premium Reserve @ 12/31/2004, [2005 A.S. p.6, Part 1, col 2, line (16)]	17,593,874
3. Unearned Premium Reserve @ 12/31/2005, [2005 A.S. p.6, Part 1, col 3, line (16)]	<u>18,558,744</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	18,076,309
5. Ratio. ((4) / (1))	0.438

2004 Ratio

1. Net Earned Premium for 2004, [A.S., p.6, Part 1, col 4, line (16)]	38,686,562
2. Unearned Premium Reserve @ 12/31/2003, [2004 A.S. p.6, Part 2, col 2, line (16)]	16,590,470
3. Unearned Premium Reserve @ 12/31/2004, [2004 A.S. p.6, Part 2, col 3, line (16)]	<u>17,593,874</u>
4. Mean Unearned Premium Reserve. (1/2 * [(2) + (3)])	17,092,172
5. Ratio. ((4) / (1))	0.442

Three Year Average Ratio (2004 - 2006): Sum of (4)'s / Sum of (1)'s	0.446
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Line A.3

Production costs and a large part of the other company expenses in connection with the writing and handling of Workers Comp Insurance policies, exclusive of claim adjustment expenses, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedures as shown.

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>3-year Average</u>	<u>Prospective Provisions</u>
a. Commission & Brokerage Expense	0.4%	0.5%	0.4%	0.4%	0.4%
b. Taxes, Licenses and Fees	2.5%	2.1%	2.2%	2.3%	5.8%
c. Other Expenses	<u>11.2%</u>	<u>12.6%</u>	<u>12.2%</u>	<u>11.9%</u>	<u>12.3%</u>
d. Total Prepaid Expenses	14.1%	15.2%	14.8%	14.6%	18.5%

Line A.4

The Tax Reform Act of 1986 taxes 20% of the unearned premium reserve. At a corporate tax rate of 35%, this tax equals (.20 * .35) = 7.00%

SENTRY SELECT INSURANCE COMPANY

WORKERS COMP

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**Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves**

EXPLANATORY NOTES

Line B.1

The deduction for delayed remission of premium is necessary because of delayed collection and remission of premium to the companies beyond the effective dates of the policies. Funds for the unearned premium reserve required during the initial days of all policies must be taken from the company's surplus.

2006 Ratio

a. Net Earned Premium for 2006 - (A.S., p.6, Part 1, col 4, line 34)	201,363,439
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2005 - [2006 A.S., p.2, col 4, line 13.1]	22,768,261
c. Net Agents' Balances @12/31/2006 - [2006 A.S., p.2, col 4, line 13.1]	<u>20,695,173</u>
d. Mean Agents' Balances [(b) + (c)] / 2	21,731,717
e. Ratio to Net Earned Premiums	<u>0.108</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 3, line 12.1]	0
g. Net Agents' Balances @12/31/2006 - [2006 A.S., p.2, col 3, line 13.1]	<u>869,874</u>
h. Mean Agents' Balances [(f) + (g)] / 2	434,937
i. Ratio to Net Earned Premiums	<u>0.002</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.110</u>

2005 Ratio

a. Net Earned Premium for 2005 - (A.S., p.6, Part 1, col 4, line 34)	175,688,141
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2004 - [2005 A.S., p.2, col 4, line 12.1]	25,421,521
c. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 4, line 12.1]	<u>22,768,261</u>
d. Mean Agents' Balances [(b) + (c)] / 2	24,094,891
e. Ratio to Net Earned Premiums	<u>0.137</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 3, line 10.1]	1,780,042
g. Net Agents' Balances @12/31/2005 - [2005 A.S., p.2, col 3, line 12.1]	0
h. Mean Agents' Balances [(f) + (g)] / 2	890,021
i. Ratio to Net Earned Premiums	<u>0.005</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.142</u>

2004 Ratio

a. Net Earned Premium for 2004 - (A.S., p.6, Part 1, col 4, line 34)	167,978,789
Agents' Balances Admitted:	
b. Net Agents' Balances @12/31/2003 - [2004 A.S., p.2, col 4, line 10.1]	27,783,402
c. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 4, line 10.1]	<u>25,421,521</u>
d. Mean Agents' Balances [(b) + (c)] / 2	26,602,462
e. Ratio to Net Earned Premiums	<u>0.158</u>
Agents' Balances Non-Admitted:	
f. Net Agents' Balances @12/31/2003 - [2003 A.S., p.2, col 3, line 10.1]	3,717,880
g. Net Agents' Balances @12/31/2004 - [2004 A.S., p.2, col 3, line 10.1]	<u>1,780,042</u>
h. Mean Agents' Balances [(f) + (g)] / 2	2,748,961
i. Ratio to Net Earned Premiums	<u>0.016</u>
j. Total Agents' Balances: Ratio to Earned Premium.	<u>0.175</u>

Three Year Average of Agents' Balances Admitted (2004 - 2006)	0.134
Three Year Average of Agents' Balances Non-Admitted (2004 - 2006)	<u>0.008</u>
Three Year Average of Total Agents' Balances (2004 - 2006)	<u>0.142</u>

SENTRY SELECT INSURANCE COMPANY

WORKERS COMP

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Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line C.1

The expected loss and loss adjustment ratio reflects the expense provisions and profit used in the filing.

Line C.2

The expected mean loss reserve is equal to the product of the direct earned premium, the expected incurred loss and LAE ratio, and the average countrywide ratio of the mean loss and loss adjustment reserves to the incurred losses and loss adjustment expenses for the two most recent calendar year for Workers Comp Insurance.

This ratio includes an adjustment for the estimated Federal Income Taxes payable due to discounting for loss reserves.

2006 Ratio

1. Incurred Losses and LAE for 2005 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	28,413,958
2. Incurred Losses and LAE for 2006 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	27,257,364
3. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	76,630,142
4. Loss and LAE Reserves @12/31/2005 - [A.S., p.10, col 8 + col 9, line (16)]	82,890,978
5. Loss and LAE Reserves @12/31/2006 - [A.S., p.10, col 8 + col 9, line (16)]	<u>87,511,633</u>
6. Mean Loss and LAE Reserve for 2005: [(3) + (4)] / 2	79,760,560
7. Mean Loss and LAE Reserve for 2006: [(4) + (5)] / 2	85,201,306
8. Ratio of Mean Loss Reserve for 2005: (6) / (1)	2.807
9. Ratio of Mean Loss Reserve for 2006: (7) / (2)	3.126
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	2.967
11. Estimated Reserve Discount.	10.48%
12. Federal Taxes Payable. (11) * .35	0.037
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	2.857

2005 Ratio

1. Incurred Losses and LAE for 2004 - [A.S., p.10, col 7 + IEE, c5+6 - line (16)]	32,758,551
2. Incurred Losses and LAE for 2005 - [A.S., p.9, col 7 + IEE, c.9+11 - line (16)]	28,413,958
3. Loss and LAE Reserves @12/31/2003 - [A.S., p.10, col 8 + col 9, line (16)]	64,380,740
4. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	76,630,142
5. Loss and LAE Reserves @12/31/2005 - [A.S., p.10, col 8 + col 9, line (16)]	<u>82,890,978</u>
6. Mean Loss and LAE Reserve for 2004: [(3) + (4)] / 2	70,505,441
7. Mean Loss and LAE Reserve for 2005: [(4) + (5)] / 2	79,760,560
8. Ratio of Mean Loss Reserve for 2004: (6) / (1)	2.152
9. Ratio of Mean Loss Reserve for 2005: (7) / (2)	2.807
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	2.480
11. Estimated Reserve Discount.	11.50%
12. Federal Taxes Payable. (11) * .35	0.040
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	2.381

2004 Ratio

1. Incurred Losses and LAE for 2003 - [A.S., p.10, col 7 + IEE, c.5+6 - line (16)]	29,051,139
2. Incurred Losses and LAE for 2004 - [A.S., p.10, col 7 + IEE, c5+6 - line (16)]	32,758,551
3. Loss and LAE Reserves @12/31/2002 - [A.S., p.10, col 8 + col 9, line (16)]	53,503,318
4. Loss and LAE Reserves @12/31/2003 - [A.S., p.10, col 8 + col 9, line (16)]	64,380,740
5. Loss and LAE Reserves @12/31/2004 - [A.S., p.10, col 8 + col 9, line (16)]	<u>76,630,142</u>
6. Mean Loss and LAE Reserve for 2003: [(3) + (4)] / 2	58,942,029
7. Mean Loss and LAE Reserve for 2004: [(4) + (5)] / 2	70,505,441
8. Ratio of Mean Loss Reserve for 2003: (6) / (1)	2.029
9. Ratio of Mean Loss Reserve for 2004: (7) / (2)	2.152
10. Average Ratio of Mean Loss Reserve. ((8)+(9))/2	2.091
11. Estimated Reserve Discount.	12.32%
12. Federal Taxes Payable. (11) * .35	0.043
13. Expected Ratio of Loss and LAE Reserve to Incurred Losses (10) * (1.0 - (12))	2.001

Three Year Average Ratio (2004 - 2006)	2.387
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SENTRY SELECT INSURANCE COMPANY

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Estimated Investment Earnings on Unearned
Premium Reserves and on Loss Reserves

EXPLANATORY NOTES

Line D.2

The rate of return is the ratio of net investment income earned to mean cash and invested assets.

	Net Investment Income Earned (A.S., p.4, l.8)	Cash and Invested Assets (A.S., p.2, l.9.)	Mean Cash and Invested Assets	Rate of Return
2001	18,359,296	279,396,110	139,698,055	13.14%
2002	18,107,303	370,369,203	324,882,657	5.57%
2003	22,180,782	411,729,914	391,049,559	5.67%
2004	22,638,523	442,456,812	427,093,363	5.30%
2005	22,899,791	447,465,165	444,960,989	5.15%
2006	25,626,839	520,633,204	484,049,185	5.29%
Comb.	111,453,238		2,072,035,751	5.38%
			Selected ROR	1.929%

* \$242 million in dividends paid from affiliated companies in 1995 was excluded from this analysis as it is not representative of future income.

Line D.5

The average rate of Federal Income Tax was determined by applying the appropriate tax rates to the distribution of investment income earned. (Source: A.S., p.6, Part 1, col.8.)

Type of Investment Income	Investment Income Earned	Investment Inc. Subj. to Tax	Tax Rate	Federal Income Tax
Bonds exempt from U.S. tax (line 1.1)	13,158,116	1,912,009	35.0%	669,203
Stocks (unaffiliated) (lines 2.1+2.2)	0	0	35.0%	0
Sub-Total	13,158,116	1,912,009		669,203
Bonds of affiliates (line 1.3)	0	0	35.0%	0
Total subject to proration	13,158,116	1,912,009		669,203
U.S. Government Bonds (line 1)	2,805,920	2,734,739	35.0%	957,159
Other Bonds (unaffiliated) (line 1.2)	8,491,102	8,275,699	35.0%	2,896,495
Stocks of Affiliates (lines 2.11+2.21)	0	0	35.0%	0
Mortgage Loans (line 3)	0	0	35.0%	0
Real Estate (line 4)	0	0	35.0%	0
Short Term Investments (line 6.2)	1,096,949	1,096,949	35.0%	383,932
All other (Aggr write-in Misc Income)	271,415	271,415	35.0%	94,995
Total *	25,823,502	14,290,811		5,001,784
a. Federal Income Tax on Investment Income				5,001,784
b. Investment Income Earned				25,823,502
c. Federal Income Tax Rate (a./b.)				19.37%

* Reconciliation to Annual Statement

Investment income earned per A.S.	25,823,502
Add interest expense included in aggregate write-ins	0
Less affiliated dividends	0
Rounding	0
Total investment income	25,823,502

Arkansas Workers' Compensation

Sentry Select Insurance Company

Exhibit E

Average Premium Discount

A			B	C	D	E = D / B	F	G = B x F	H	I
Premium Range			# of Policies	Annual Premium	Net Premium	Avg Net Premium	Avg Standard Premium	Standard Premium	Table 7 % PD	\$ PD on Avg Prem
0	-	5,000	534	1,291,967	1,185,167	2,219	2,219	1,185,167	0.0%	0
5,001	-	100,000	1,450	31,948,428	31,658,428	21,833	23,893	34,644,420	10.9%	2,059
100,001	-	500,000	70	10,998,053	10,984,053	156,915	176,968	12,387,761	12.6%	20,053
over		500,000	0	0	0	0	0	0	14.4%	0
			2,054	44,238,448	43,827,648	21,338		48,217,348	9.03%	

Expense Constant as % of Standard Premium

		Current	Proposed
(1)	Expense Constant	200	200
(2)	Total # Policies = Total B Above	2,054	2,054
(3)	Expense Constant Premium	410,800	410,800
(4)	Standard Premium = Total G Above	48,217,348	48,217,348
(5)	Expense Constant Premium as % of Standard Premium = (3) / (4)	0.85%	0.85%

Arkansas Workers' Compensation

Exhibit F

Sentry Select Insurance Company

Eff date of filing: July 1, 2008

Tax Multiplier

Expenses & Dividends (% of premium):

U/W Expenses (excl tax & assmt)	12.73%
Premium Tax	2.50%
WC Fund	1.55%
2nd Injury Fund	0.25%
Death & Perm Total Disability	1.20%
Misc	0.30%
Residual Market	0.00%
TAXES & ASSMTS	5.80%
TOTAL U/W EXPENSES	18.53%
Profit & Contingencies (net of II)	-0.10%
Dividends	0.00%
TOTAL EXPENSES & DIVIDENDS	18.43%
TARGET COST RATIO	81.57%
PERMISSIBLE LOSS RATIO	67.81%

Loss Adjustment Expenses &
Other Expenses (% of losses):

Loss Adjustment Expenses	20.28%
Loss Based Assessments	0.00%
TOTAL EXPENSES TO LOSSES	20.28%

TAX MULTIPLIERS:

$$T = \frac{0.2 + (\text{Permissible L/R} * (1 + \text{Loss Based Assessments}))}{(0.2 + \text{Permissible L/R} * [1.000 - (\text{Taxes \& Assmts as \% of Premium})]}$$

State Multiplier:

$$T = \frac{0.2 + ((0.678) * (1+0.000))}{(0.2 + 0.6781)*(1.0000-0.0580)}$$

$$= 1.062$$

Federal Multiplier:

$$\begin{aligned} \text{Federal Assessment} &= 1.138 \\ \text{Federal Weight} &= 0.711 \\ \text{Weighted Federal Assmt} &= 1.138 * 0.711 * 1.000 * 0.289 - 1.000 = 0.098 \\ \text{Federal Permissible Loss Ratio} &= 0.8157 / (1.00 + 0.203 + 0.098) = 0.627 \end{aligned}$$

$$T = \frac{0.2 + 0.688}{(0.2 + 0.627) * (1.000 - 0.058)}$$

$$= 1.140$$